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BURGH OF GREENOCK

INSTITUTE OF SOCIAL MEDICINE
10. PARKS ROAD.
OXFORD

ANNUAL REPORT

on

The Health of the Burgh

FOR THE YEAR 1949

by

Alexander Johnstone, M.C., M.A., M.D., D.P.H.
Medical Officer of Health

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Alexander Johnstone, *M.C., M.A., M.D., D.P.H.*
Medical Officer of Health

PERSONNEL
HEALTH DEPARTMENT

Medical Officer of Health.

Alexander Johnstone, *M.C.*, M.A., M.D., Ch.B., D.P.H.

Assistant Medical Officers of Health.

Minnie Atkin, M.B., B.S., D.P.H.
Eric M. Sewell, M.B., Ch.B., D.P.H. (*Resigned* 31/8/49).
E. H. Weir Duncan, M.B., Ch.B., D.P.H. (*Took up duty* 1/9/49).
Mary B. Anderson, M.B., Ch.B., D.P.H. (*Took up duty* 5/1/49).

Health Visitors.

Joan M. Pollok.
Annie Lonie.
Mary Watson.
Flora MacIsaac.
Nell W. McMurtrie (*Resigned* 27/2/49).
Catherine Coyle (*Resigned* 1/6/49).
Mary R. McFarlane.
Harriet Macpherson.
Mary Macleod.
Maud Steele (*Transferred to Regional Hospital Board* 26/7/49).
Mrs. Isabel Clark
Jean Hutchison
Jean Devine
Gertrude McWilliam *
Margaret A. Maitland *
Flora Duncan (*Took up duty* 23/5/49).
Helen C. W. Eaglesham (*Took up duty* 1/9/49).

Infectious Diseases Nurse—Isabel Crumlish.

*Half-time on School Health Service.

Office Staff

John McCrone, Epidemic Officer.

Elsie C. Greenham.
Margaret C. MacElwee
Mary A. Cormack.
Dorothy Preston (*Transferred to Regional Hospital Board* 7/8/49).
Phyllis E. Chandler.
Matilda Baumgart.
Janet D. Muir.
Margaret Walmsley.
Margaret A. Nelson.
Janet McKinnon
Henrietta Dick (*Took up duty* 21/1/49).

Corporation Midwives.

Mrs. Mary Rampling.
Annie S. McDermid (*Resigned* 31/12/49).
Mrs. Isabella Swan.
Mrs. Helen Hamilton.
Mrs. M. S. MacKay.
Jean Pennie (Mrs. Gilmour).
Rachel Cameron.
Susan S. Turner.
Isabel Connie (*Resigned* 30/10/49).
Marion K. Cameron.
Dorothy McFarlane (*Took up duty* 16/3/49).
Mrs. Mary Hamilton (*Took up duty* 1/9/49).
Margaret McBain (*Took up duty* 17/10/49).
Mrs. Alice Weir (*Took up duty* 17/10/49).

In addition to the above, Greenock District Nursing Association provided two full-time Midwives.

PERSONNEL—*Continued.*

Disinfecting Station.

Archibald Comrie, District Disinfecting Officer.
Peter Mallon, Station Disinfecting Officer.

Reception House.

Mrs. Robertson, Caretaker.

Day Nursery.

Mrs. J. Telfer, S.R.N., Matron.

Attendants in Charge of Toddlers' Playgrounds.

Eleanor Miller.
Mrs. Armour.

Part-time Officers.

Randolph Douglas, L.D.S., D.D.S., L.R.C.P., Dental Surgeon (*Resigned* 30/11/49).

- - -

SCHOOL HEALTH DEPARTMENT (4 Brymner Street)

Transferred from County Authority on 15th January, 1949.

Medical Officers.

David B. McMillan, M.B., Ch.B.
*Mary B. Anderson, M.B., Ch.B., D.P.H.

School Nurses.

Margaret C. Fulton.
Mrs. Patrick.
Marie R. P. J. McCallum.
*Gertrude McWilliam.
*Margaret A. Maitland.

*Half-time on School Health Service.

Office and Clinic Staff.

Mary M. Rankin.
Margaret McKinnon.
Susan Donald.

WELFARE DEPARTMENT

Welfare Officer

Archibald Muir, P.L.D.

Office Staff

Morag McIntyre
Martha Philip.
Elspeth Main.
Gordon H. Wylie (*Resigned* 30/9/49).

Caretaker and Removal Officer

Ernest Cracknell.

*Half-time on Public Health Service.

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To the DEPARTMENT OF HEALTH FOR SCOTLAND,
and the LOCAL AUTHORITY OF THE BURGH OF GREENOCK.

LADIES and GENTLEMEN,

I have the honour to submit my Annual Report on the health and welfare of the community for the year 1949.

The good figures of last year have been more than maintained and the tuberculosis position seems to be at least tending towards improvement, although it remains unsatisfactory.

The Welfare Service has become established and is gathering momentum.

The School Medical Service of the Burgh was taken over early in the year and is reported on for the first time.

There have been a number of changes in the staff and I regret particularly the resignations of Dr. Randolph Douglas, part-time Dental Surgeon, Miss Maud Steele and Miss Dorothy Preston, who were transferred to the Regional Hospital Board and Miss McDermid, on account of a breakdown in health, all of whom gave considerable periods of loyal service to the department.

I am glad to acknowledge the support of the Corporation and the helpful co-operation of my colleagues in the Service. My grateful thanks are again due to all members of the staff for their unfailing and cheerful help.

I am,
Ladies and Gentlemen,
Your Obedient Servant,
ALEXANDER JOHNSTONE,
Medical Officer of Health.

STATISTICAL SUMMARY.

1949.

Population as estimated at the middle of 1949,	79,096
Acreage of Burgh,	3,745
Density of population per acre,	21.12
Birth-rate,	20.9
Illegitimate birth-rate per 100 births,	4.1
Marriage-rate (uncorrected),	7.9
Death-rate—all causes,	12.7
Death-rate—all tuberculosis,	1.25
Death-rate—tuberculosis of respiratory system,	1.13
Death-rate—non-pulmonary tuberculosis,	0.12
Death-rate—principal epidemic diseases,	0.03
Infantile mortality rate,	52
Neo-natal death rate,	26.06
Stillbirth rate,	28
Maternal death rate (Registrar General),	0.58

All rates given are corrected for transfers except where otherwise indicated

PUBLIC HEALTH DISTRICTS.

A—EAST DISTRICT—corresponds to municipal wards Nos. I and II.

B—EAST CENTRAL DISTRICT corresponds to municipal wards Nos. III. IV, and V.

C—WEST CENTRAL DISTRICT—corresponds to municipal wards Nos. VI. and VII.

D—WEST DISTRICT—corresponds to municipal wards Nos. VIII and IX.

Note—The boundaries of these districts were altered in the year 1947 and the district figures are therefore not comparable with those of previous years.

Medical Officer's Report

For the Year 1949

Vital Statistics

POPULATION.—The Registrar General's estimate of the population of the Burgh to the middle of 1949 is 79,096 and this figure has been used as the basis of all statistical calculations except where otherwise indicated.

This estimated population shows an decrease of 374 over last year's figure.

The natural increase of population is 648. This shows a decrease on last year's figure of 760 but is above the average for the last ten years, namely 603.

BIRTHS AND BIRTH-RATE.—The number of births registered during the year 1949 was 1,641. After correction it became 1,650 (853 males and 797 females) and the equivalent rate is 20.9 Last year's rate was 21.2 and the average for the last five years is 20.9.

The birth-rate for Scotland as a whole is 18.49.

Tables I-IV give further information on this subject.

INFANTILE MORTALITY, NEO-NATAL DEATHS AND STILLBIRTHS.—The number of deaths of children under one year of age was 85, a decrease on last year's figure of 103, and below the average for the last ten years, namely 128. The corresponding infantile mortality rate is 52. Last year's figure was 61 and the last ten-yearly average 78.

This is the lowest infantile mortality rate on record.

The rate for Scotland is 41.

Premature birth was responsible for 28.23% of the total infant deaths, pneumonia for 22.35, atrophy, debility and marasmus for 16.47.

The neo-natal death rate was 26.06 as against 36.55, the average for the last ten years. The rate for Scotland is 23.

Stillbirths numbered 48 giving a stillbirth rate of 28 as against 38 the average of the last ten years. The rate for Scotland is 27.

DEATHS AND DEATH-RATE.—The total number of deaths registered in the Burgh was 1,092. When corrected for transfers this figure becomes 1,002 (551 males and 451 females). The corresponding death rate is 12.7. This figure is higher than last year when it was 11.7 but below the average for the last five years, 12.8.

Apart from last year the death-rate is the lowest on record.

The death-rate for Scotland as a whole is 12.27.

The average age at death was approximately 61 years as against 57, the average figure for the last ten years.

CAUSES OF DEATH.—The following were the chief causes of death during 1949 :—Heart disease, 276 : cancer, 154 ; cerebral haemorrhage, 102 : tuberculosis, all forms, 99 ; congenital debility, 49 ; pnemonia, 44 ; bronchitis, 38 ; violence, 33.

Tables II and III give further information regarding causes of death, which may be conveniently grouped as follows :—

Principal Epidemic Diseases.—Diphtheria and influenza were each responsible for one death and this total of two produces a death-rate of 0.02. These figures are lower than the corresponding figures for last year, namely, four deaths and a rate of 0.05 and lower than the last quinquennial averages of 10 and 0.15.

This is the lowest recorded death-rate from this cuase.

The rate for Scotland is 0.11.

Tuberculous Diseases.—During the year the number of deaths from pulmonary tuberculosis was 89 and the corresponding rate is 1.13 as against 98 deaths and a rate of 1.23 last year. The average rate for the last five years is 1.04. The rate for Scotland is 0.60.

Tuberculosis of other organs gave 10 deaths. The non-pulmonary rate is 0.12 which is lower than last year's figure of 0.18 and also lower than the last quinquennial average of 0.27.

The figure for Scotland is 0.08.

The total tuberculosis rate, therefore, is 1.25, as against last year's figure of 1.42 and the average for the last five years 1.32.

The rate for Scotland is 0.68.

Malignant Disease.—Cancer in its various forms was responsible for 154 deaths (80 males and 74 females) and the death-rate is 1.94. Last year's deaths amounted to 129 and the rate was 1.62, while the average number of deaths for the last ten years is 130 (67 males and 63 females) and the death-rate 1.70 (0.87 males and 0.83 females).

Diseases of Circulatory System.—The number of deaths from diseases of this system was 295 of which 276 were from disease of the heart and 19 from other causes. The heart disease rate is 3.48 which is higher than the corresponding figure for last year 3.08, and higher than the last five-yearly average 3.01.

Diseases of Respiratory System.—These diseases produced 96 deaths during the year, which figure gives an equivalent death-rate of 1.21 as compared with last year's figures of 88 and 1.10. The average number for the last ten years is 124 and the rate 1.62.

Pnemonia was responsible for 44 of the total respiratory deaths and the death-rate from this cause is 0.55. Last year the number was 38 and the death rate 0.47, the average for the last five years being 0.57. Of these deaths 19 occurred in children under one year, 2 in children aged 1-5 years and 19 in persons over sixty-five.

Bronchitis accounted for 38 deaths and of these none were in children under the age of five while 20 were in persons over 65 years of age. The death-rate is 0.48 as against 0.46 last year and the previous quinquennial average 0.57.

Diseases of Nervous System and Sense Organs.—The deaths classified in this group numbered 125 of which 102 were due to cerebral haemorrhage, embolism or thrombosis. The death-rate from this cause is 1.28 as against 1.23 last year the last five-yearly average being 1.34.

Diseases of Digestive System.—Deaths referable to this system number 33, of which 9 were due to diarrhoea and enteritis and of these 5 occurred in children under one year of age, 4 were caused by gastric and duodenal ulcer, 11 by diseases of liver, 1 by appendicitis and 8 by other digestive conditions.

The number of deaths from diarrhoea and enteritis in children under one year was 4 in 1948 and the last quinquennial mean is 12.

Diseases of Genito-Urinary System.—The deaths from diseases of this system totalled 38, of which 20 were due to nephritis and 18 to other conditions.

Diseases of Pregnancy and Childbirth.—The Registrar General shows one death from this cause attributed to a condition other than sepsis.

The following table gives the maternal death-rates for the period 1900-1949 and it will be seen that the figures show very definite improvement during recent years :—

Period	Death-rate from Puerperal Sepsis	Death-rate from other Puerperal Causes	Maternal Death-rate
1900—1904	2.46	2.84	5.31
1905—1909	1.59	3.53	5.13
1910—1914	1.26	5.37	6.63
1915—1919	0.88	4.95	5.83
1920—1924	1.58	4.71	6.29
1925—1929	1.80	4.16	5.96
1930—1934	1.40	5.00	6.40
1935—1939	1.31	4.29	5.60
1940	0.59	4.78	5.37
1941	1.25	2.51	3.76
1942	1.19	2.99	4.18
1943	1.70	3.40	5.10
1944	0.00	2.88	2.88
1940—1944	0.94	3.31	4.25
1945	1.29	0.64	1.93
1946	0.00	2.92	2.92
1947	0.51	0.00	0.51
1948	00.0	0·57	0·57
1949	0.00	0.58	0.58

Note.—From 1940 onwards the figures in this table are calculated from the corrected number of births plus the corrected number of stillbirths.

The rate for 1949 still continues the recent satisfactory figures. There was only one death and it was definitely connected with pregnancy and parturition, post-partum haemorrhage being the main factor concerned.

The maternal death-rate for Scotland is 1.3.

Diseases of Early Infancy and Congenital Malformations.—Deaths from these causes numbered 47 and may be classified as follows :—

Premature birth, 24 ; atrophy, debility and marasmus 14 ; congenital malformations, 5 ; congenital heart disease, 3 ; atelectasis, 1. Last year's number was 48 and the average for the last five years is 60.

Further information regarding children under one year of age will be found in the maternity and child welfare section of the report.

Violent Deaths.—These numbered 34 of which 3 were apparently suicidal (1 male and 2 females) and 31 accidental (20 males and 11 females). These figures include 9 road transport accidents (8 males and 1 female). The corresponding figures for last year were 4 suicides (2 males and 2 females) and 26 other violent deaths (16 males and 10 females) including 5 road transport accidents (2 males and 3 females). The average of the last ten years is 3 deaths from suicide and 47 from other violence.

STATISTICAL COMPARISON.—The following table gives comparison of the various rates in the Public Health Districts and the average age at death as calculated in this department :—

	A. East.	B. East Central.	C. West Central.	D. West.
Population, ...	18,277	23,925	17,014	19,880
Density per acre, ...	31.00	30.50	73.71	10.48
Birth-rate, ...	24.62	19.72	21.92	14.53
Infantile mortality rate, ...	51.11	55.08	50.93	58.82
General death-rate, ...	10.55	14.08	12.57	12.97
Tuberculosis death-rate, ...	1.53	1.54	0.64	1.15
Average age at death, ...	57	61	60	66

It should be remembered that these district figures are not comparable with those given previous to 1947 as the boundaries have had to be adjusted on account of movements of population due to housing schemes, etc.

Infectious Disease

During 1949 there were ascertained by the Department 2,063 cases of infectious disease, excluding 40 cases in which the diagnosis was not confirmed. This figure does not include tuberculosis, secondary pneumonia, venereal disease and scabies. The figure shows a slight increase over the previous year's total of 1,875 but is less than the previous quinquennial average 2,832. There was no outstanding occurrence during the year.

Further information regarding infectious disease will be found in Tables V to VIII.

Notifiable Infectious Diseases.

SCARLET FEVER.—Three hundred and sixty-eight cases (excluding 10 unconfirmed) were notified with the highest monthly incidence in October, November, June and September. The incidence rate for the year is 4.65. Last year there were 321 cases and the average for the last five years is 157. There were no deaths.

There was no marked epidemic prevalence at any time and the cases on the whole were of a mild type.

DIPHTHERIA.—Thirty-eight cases (excluding 27 in which the diagnosis was not confirmed) were notified during the year, giving an incidence rate over the whole population of 0.48 as compared with 63 cases and a rate of 0.79 last year. There was one death. The case mortality rate is therefore 2.63% and the death-rate 0.01.

CONTACTS :—When considered advisable throat swabbing of contacts was carried out and 29 persons were thus investigated with 2 positive and 27 negative results.

IMMUNISATION :—This is discussed under the heading " Prevention of Infectious Diseases by Inoculation."

Diphtheria in immunised persons :—

Of the 37 confirmed cases 16 have never been immunised, 1 had a history of incomplete inoculation and in 12 there was no record except the parent's word. The remaining 8 cases were known to have received a complete course of injections, 5 of them during the 3 preceding years.

TYPE OF ORGANISM :—Particulars as follows :—gravis, 6 ; mitis, 26 ; no organism isolated, 3 ; organism not typed, 3.

Toxæmia was not present in 20, was mild in 10, moderate in 3 and severe in 5.

DEATHS :—There was one death in which the cause was stated to be diphtheria but the case was never notified and the diagnosis was made some time after death. This case was included in the above figures.

ENTERIC FEVER.—Two notifications were received but in one the diagnosis was not confirmed. The other was a case of true typhoid fever.

PNEUMONIA.—A total of 101 cases was discovered ; 2 of acute influenzal type, 55 of acute primary type were notified and 44 cases, presumably secondary to some other infection, were also intimated. The highest incidence occurred in the months of January and March.

Last year's figure was 105 and the average for the last five years 88.

Two cases only were removed to the infectious diseases hospital and the number of deaths was 44.

POLIOMYELITIS.—Two cases in all were notified but in one the diagnosis was later altered to tuberculous meningitis.

Both of the confirmed cases developed paralysis but made progress, and at the end of the year one was using a walking caliper and the othere was waiting for a similar splint to be supplied.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—One case of puerperal fever and five of puerperal pyrexia were notified. None of these cases were severe in degree and all made a satisfactory recovery.

The onset in the case of fever occurred 13 days after confinement and from the appearances it seemed most likely to have been due to the lighting up of an old septic focus, probably a salpingitis.

Of the cases of pyrexia four occurred in the maternity hospital, in one after Cæsarian section, while in the other three some degree of perineal repair was carried out ; 2 showed evidence of pyelitis, which was probably the cause of the temperature, in the other two no exciting cause was discovered. In the fifth case no cause for the pyrexia could be found.

SMALLPOX.—No cases were notified. Information regarding vaccination is given under the heading " Prevention of Infectious Diseases by Inoculation."

MALARIA.—One case only was notified. Infection was contracted abroad.

CEREBRO-SPINAL MENINGITIS.—No cases of this disease were notified during the year.

DYSENTERY.—Fourteen cases were notified but in two the diagnosis was not confirmed. All the others were of Flexnor type, 6 occurring in a hospital and apparently case to case infections while the remainder were sporadic cases throughout the burgh.

Non-Notifiable Infectious Diseases.—By the co-operation of general practitioners, parents and others, intimations were received concerning the occurrence of certain other infectious diseases not compulsorily notifiable and these are discussed below.

The figures cannot be regarded as complete but they afford a reasonably good index of incidence in the Burgh.

MEASLES (INCLUDING GERMAN MEASLES).—The number of cases intimated during the year was 1,154, giving an incidence rate of 14.58. Last year's figure was 527 cases and the rate 6.63, while the last five-yearly average was 958.

The disease was most prevalent in the months of May and June. Twenty-three cases were removed to hospital There were no deaths. Of the children under school age 659 were affected, giving an incidence rate for this age group of 91.94 per 1,000.

CHICKENPOX.—One hundred and eighty cases were intimated, the incidence being highest in the months of June, May and December. The number last year was 527 and the last five-yearly average 574. Five cases were removed to hospital.

WHOOPING COUGH.—Intimation was received concerning 194 cases. Last year's figure was 39 and the last quinquennial mean 358. The incidence rate was 2.45. One patient was removed to hospital.

The number of cases in children under five was 76 and the incidence rate for 0-5 age group was therefore 10.60. There were no deaths.

Prevention.—The figures for whooping cough immunisation are given under the heading " Prevention of Infectious Diseases by Inoculation."

MUMPS.—There were 29 cases intimated during the year. The incidence was highest in January and June. Last year cases numbered 277.

INFECTIVE HEPATITIS (Epidemic Catarrhal Jaundice).—Five cases were intimated during the year, 1 school child, 3 adult males and 1 adult female. All the cases occurred sporadically.

SCABIES.—Most of the cases of scabies discovered were referred by the School Medical Service.

The numbers dealt with during the year were as follows :—

	Men.	Women and children under 14 years.
Number of persons examined, ...	3	139
Number of persons treated, ...	3	111
Total attendances, ...	10	308

There has been no change in the procedure with regard to this disease. When a case is referred for treatment the affected household is visited and the family examined and treated, if necessary, wherever this is practicable. It would seem that there was a definite reduction in the number of persons affected during the year, although full information cannot be said to be available.

Prevention of Infectious Diseases by Inoculation

DIPHTHERIA IMMUNISATION.—A total of 1,440 children were immunised against diphtheria, comprising 1,078 pre-school children and 362 over the age of five years. In addition 1,318 children received maintenance doses, 229 of whom were under the age of five. All this work was carried out by the staff of the department.

Private practitioners have sent in returns of immunisation covering 226 children but it is possible that this is not the complete story as there is no obligation on the general practitioner to submit particulars of the immunisations he performs.

Regular immunisation sessions are held every week throughout the year and in addition special sessions were arranged at the Gibbshill and Strone Community Centres and in the Bow Farm Church Hall, each session being carried on until all the available children had been dealt with. These special sessions were definitely a success in so far as they brought immunisation to the public near their own homes thus avoiding a long walk or bus journey to the nearest fixed clinic. There is no doubt that in a burgh, elongated as Greenock is, distance between clinics does not help the immunisation campaign.

All the children under the age of eight were treated with alum precipitated toxoid (APT) while the others were given toxoid-antitoxin floccules (TAF). Schick testing has been abandoned, mainly because it was found that most children required inoculation and in any case the injections have caused only very minor upsets in a small proportion of the children treated.

Propaganda.—Very considerable publicity was given to the subject of diphtheria immunisation during the year by means of birthday letters, monthly press bulletins, publicity leaflets and press advertisements, together with the persistent efforts of health visitors. Schoolmasters and teachers were also most helpful and co-operative in the distribution of consent cards to children for recording parental consent. A special campaign was arranged in October by means of posters and press notices. The cinemas were particularly helpful in arranging to show film slides depicting the dangers of diphtheria to children and other slides showing the times and places where the procedure could be carried out.

VACCINATION AGAINST WHOOPING COUGH.—The use of the combined antigen against diphtheria and whooping cough was continued and a total of 845 children (included in the diphtheria figures given above) were treated. The use of this combined antigen was limited to children under the age of three and was not used in children who had already a history of whooping cough.

VACCINATION AGAINST SMALLPOX.—The figures for 1949 are not comparable with those of previous years. The total number of vaccinations carried out within the burgh is probably more accurate, however, in so far as the figures of past years includes quite a number of children who, though born in the burgh, were not vaccinated there and also contained no record of persons vaccinated other than babies.

During 1949, 346 persons were successfully vaccinated for the first time while 37 were found to be insusceptible. Of these approximately 320 were young children. In addition, 50 persons, mostly young adults, were successfully re-vaccinated while 13 were re-vacinated but without result.

As far as can be estimated the number of vaccinations has very markedly decreased, the average for the previous five years being well over 600. Special clinic sessions were created to try and remove difficulties in the way, but these have not been used to any extent. All medical practitioners have been asked to give their co-operation in trying to achieve useful results.

Doubtless on every occasion when smallpox appears in this country the figures of vaccination will increase but it is not a sound procedure to rely on shutting the stable door when the horse is half-way out.

Vermin Infestation

During 1949-23 persons (6 children, 1 woman and 16 men) made 30 attendances at the cleansing station for treatment, on account of infestation by head and body lice. Twelve of the men were lodging house inmates who return periodically for treatment.

A special clinic for the treatment of head infestation in school children was started during the year and 148 children made 472 attendances for this purpose. This was begun as an experimental measure and has so far been found to be extremely useful.

Tuberculosis

Tuberculosis continues to hold its place as a major problem in community health although the non-pulmonary form of the disease showed a welcome decrease in incidence during the year.

The burgh death-rate is the highest of all large burghs in Scotland, indeed an unenviable distinction.

The notification figures are as follows :—

Average 1935–1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
PULMONARY DISEASE.										
126	140	152	159	195	202	180	181	263	277	273
NON-PULMONARY DISEASE.										
46	41	45	60	48	69	65	70	89	70	41

The following table shows the number of cases notified during 1949 and in which the diagnosis has been confirmed :—

Type of Infection		AGE-GROUPS									
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
Respiratory	(Males)	3	7	9	7	26	29	19	26	7	133
	(Females)	2	8	12	11	58	29	8	6	1	135
	Total	5	15	21	18	84	58	27	32	8	268
Non-respiratory	(Males)	—	3	2	2	6	2	1	—	—	16
	(Females)	—	1	4	5	6	4	1	2	—	23
	Total	—	4	6	7	12	6	2	2	—	39
Respiratory and non-respiratory	(Males)	3	10	11	9	32	31	20	26	7	149
	(Females)	2	9	16	16	64	33	9	8	1	158
	Total	5	19	27	25	96	64	29	34	8	307

The total number of notifications was 314 so that only in seven cases was the diagnosis not confirmed by the Tuberculosis Physician, 5 pulmonary and 2 non-pulmonary.

Of pulmonary cases the age groups chiefly affected were, in both sexes, the 15-25 and the 25-35 years. There is thus a general shift to the younger ages in the case of males, as compared with last year.

It will be seen that out of 268 cases only 111 obtained hospital treatment during the year. This shows again the great scarcity of hospital beds, which is one of the chief reasons why the high incidence persists.

Of the non-pulmonary cases there has been a very definite drop from 69 in 1948 to 39 this year. The age group chiefly affected is the 15-25 year one instead of the 5-15 age group, which had the larger number last year. Of the total of 39, 18 obtain hospital treatment during the year, a slightly larger proportion than in the pulmonary type. In this form of the disease hospital treatment is not so important from the community point of view as the question of the transmission of infection does not arise to any extent.

The following table shows the total number of verified cases of tuberculosis known to have their homes within the burgh :—

(Only cases in which a diagnosis of tuberculosis has been confirmed are included. Persons in sanatoria etc. are included in the figures for the area in which they have their home residence.)

		Number of Cases in Age-Groups								
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
RESPIRATORY											
1. Sputum or other material exam. and tubercle bacilli found	(M.)	—	—	—	—	29	49	26	36	6	146
	(F.)	—	—	—	2	49	39	12	9	—	111
2. Sputum or other material exam. and tubercle bacilli never found	(M.)	—	—	1	9	62	55	45	66	12	250
	(F.)	—	1	1	9	65	51	22	22	1	172
3. Sputum or other material not examined	(M.)	—	18	20	32	52	41	16	13	5	197
	(F.)	—	7	22	26	92	58	18	8	3	234
TOTAL,		—	26	44	78	349	293	139	154	27	1110
NON-RESPIRATORY											
1. Abdominal	(M.)	—	—	3	2	9	1	1	—	—	16
	(F.)	—	—	1	1	5	6	—	—	—	13
2. Spine	(M.)	—	1	2	1	8	8	4	3	—	27
	(F.)	—	1	3	4	17	12	5	4	1	47
3. Bones and joints exclusive of spine.	(M.)	—	—	7	10	24	13	6	3	—	63
	(F.)	—	—	7	7	25	2	—	2	—	43
4. Superficial Glands	(M.)	—	6	16	17	22	3	3	1	—	68
	(F.)	—	4	17	12	24	10	9	3	1	80
5. Lupus	(M.)	—	—	—	—	1	—	—	—	—	1
	(F.)	—	—	—	—	—	4	2	2	—	8
6. Other parts or organs	(M.)	—	1	4	3	3	5	5	2	—	23
	(F.)	—	—	6	2	6	11	3	—	1	29
TOTAL, ...		—	13	66	59	144	75	38	20	3	418
RESPIRATORY AND NON-RESPIRATORY TOTALS		—	39	110	137	493	368	177	174	30	1528

MASS RADIOGRAPHY.—The Mass Radiography Unit, controlled by the Regional Hospital Board, again visited the burgh in March to complete the programme commenced in November last and 1,102 children over the age of 12 were examined including 30 re-examinations from the last occasion. A total of 221 adults were also dealt with.

Between the two sessions, therefore, 2,703 school children over 12 were examined, which figure it is estimated forms 65% of all those to whom the facilities were offered, a fair response under the circumstances. The Education Authority's staff gave enthusiastic co-operation and no difficulties of any kind were encountered.

Of the 1,102 children examined 105 were recalled for a large film to be taken and 26 for clinical examination. Four or 0.36% were found to be suffering from active tuberculosis, and the same number showed active heart disease, while ten remained doubtful and were noted for recall at the next visit. The number of cases of tuberculosis discovered is not regarded as unduly high.

From the 221 adults six cases (2.7%) of active tuberculosis were found. This is certainly a high figure but the adults who attended could not be regarded as a strictly average sample of the population. No case of heart disease was found among them.

This form of examination is certainly useful as a periodic check-up on the young population and does bring out cases early, thus giving them a more favourable outlook for the future.

B.C.G. INOCULATION.—

The Department of Health has arranged to make B.C.G. vaccine available for use in the case of certain classes of the community, chiefly nurses, medical students and contacts of known cases, but the Local Authority is only concerned with the last group. It is hoped to begin administration of this vaccine early next year.

The letters B.C.G. stand for the " Bacillus Calmette Guérin," which is an artificially weakened form of the germ which causes tuberculosis and its use is therefore designed to produce, in those who have had it injected, a certain degree of protection against the disease itself. This process of protecting young persons by infecting them with the germ occurs naturally and widely in the community by ordinary contact with patients and most of us have obtained a considerable degree of safety by this means. Young children, however, living in constant contact with a patient suffering from tuberculosis are in danger of obtaining a greater dose of the germs than their bodies can defeat and they are therefore liable to contract the disease in a very severe form. By the use of B.C.G. it is aimed to give them a small dose of the specially weakened germ so that their defences are made ready to deal with any large dose of the virulent germ which they are liable to inhale during periods of contact with a patient.

The vaccine has not previously been used in this country, but the present high level of incidence of pulmonary tuberculosis fully warrants trial of any material which holds out a prospect of improvement in the present situation. The vaccine has been used in other countries with some degree of success.

HOME VISITATION.—

In August a comprehensive scheme of home visitation by health visitors was inaugurated whereby all tuberculosis patients are to be visited regularly by the staff to give advice and help in the many problems which arise when tuberculosis invades a household. It is too early yet to gauge the value of this measure, but considerable hope of results is definitely entertained.

SOCIAL SERVICE.

The new legislation of the National Health Service created considerable doubt as to whether the King Edward Memorial Fund could continue its useful work for the benefit of patients, at least in the same manner as previously, and on that account grants to the three local authorities concerned were discontinued until the matter could be definitely cleared up.

Previous to 27th April, however, when the Fund suspended operations, 26 applications had been granted, 20 for clothing, 5 for bed and bedding and one for rent, which still continues. The cost of this assistance was £142 18s.

The National Assistance Board continued to help patients under certain circumstances, but could not deal with all of them. This provision virtually replaced tuberculosis allowances, which were administered by the local authority previous to 5th July, 1948.

The local authority proposes to make a scheme to assist such patients as the Board are unable to help, but no definite arrangements had been made by the end of the year.

During the year 105 householders and 38 sub-tenants, in whose families tuberculosis existed, were rehoused either in new or rebuilt houses or in relet Corporation houses of such size as to allow the abating of overcrowding. This is indeed a useful contribution to the solution of the difficulties of the tuberculosis patient and of the general problem of tuberculosis in the community as a whole.

Maternity and Child Welfare

Again this year some good progress can be reported but there is still no room whatever for complacency.

The birth-rate of 20.9 is lower than last year's 21.2, but is equal to the average for the last five years. Again, as in the two previous years, only one maternal death occurred giving a maternal death rate of 0.58. The infantile mortality rate has again achieved a record low figure of 52 and both the neonatal and the stillbirth rates are below last year's figures.

Practically all expectant mothers received adequate ante-natal supervision from local authorty or hospital clinic or from a medical practitioner.

The uptake of vitamin food supplements has been again unsatisfactory. At the end of the year the following were the actual percentages of the possible :—Orange juice, 21.6 ; cod liver oil, 24.3 ; vitamin tablets, 26.1. The vitamin tablet uptake shows a slight increase on past years.

All the Corporation midwives received gas and air analgesia training and obtained their certificates during the year. After 7th December all patients who wished it and in whose case the doctor in charge intimated no contrary indication were given this form of anæsthesia, if circumstances permitted.

Rankin Hospitals were taken over by the Hospital Board Administration in 1948, but the routine booking of patients for admission to the maternity wards continues to be carried out by this department, as information regarding housing conditions, etc., is readily available. Emergencies are, as formerly, admitted by the hospital staff direct.

Early in the year the half-time services of an additional doctor became available for maternity and child welfare purposes, and on that account a new child welfare clinic was opened in Rankin Park Community Centre in March and an ante-natal session was added in September. This clinic was required to serve a new growing district of the burgh and has given good service.

The department again wishes to place on record its thanks to the Inspectors of the Royal Society for the Prevention of Cruelty to Children and to the Police Department for their ready co-operation and help.

BIRTHS.—

(*a*) Total number of births occurring in the area during year (including stillbirths)—that is before correction for mother's residence 1,677

(*b*) Total number of births in (*a*) occurring in institutions including private maternity homes) 709

(*c*) Total number of births in (*a*) occurring at home 968

(*d*) Number of births in (*c*) classified to show nature of attendance at birth :—

	Cases dealt with under Section 23 (2) of the National Health Service (Scot.) Act, 1947.			Other domiciliary cases			Total
	Doctor engaged and present at confinement.	Doctor engaged and not present at confinement.	Midwife alone (no doctor engaged)	Doctor engaged	Midwife alone (no doctor engaged	Without doctor or midwife	
Midwives employed by the Authority ...	91	726	26	—	—	—	843
Midwives employed by Voluntary Organisations	—	—	—	103	9	—	112
Midwives employed by Hospital Boards of Management	—	—	—	—	—	—	—
Private practising midwives . .	—	—	—	11	2	—	13
Totals	91	726	26	114	11	—	968

(*e*) Medical Aid under Sction 22 (1) of the Midwives (Scot.) Act, 1915. No. of cases in which medical aid was summoned during the year under Section 22 (1) of the Midwives (Scot.) Act, 1915, by a Midwife :—

(*a*) for domiciliary cases :—

(*i*) Where the medical practitioner had arranged to provide maternity medical services under the National Health Service .... nil

(*ii*) Others 9

Total 9

(*b*) For cases in institutions .... nil

(*f*) Administration of Analgesics :—

(*i*) No. of midwives in practice in the area qualified to administer analgesics in accordance with the requirements of the Central Midwives Board for Scotland :

(*a*) Domiciliary 13

	(*b*) In institutions	7	
	Total		20
(*ii*)	No. of domiciliary midwives who received their training during the year		8
(*iii*)	No. of sets of apparatus for the administration of analgesics in use at 31st December, 1949, by Domiciliary Midwives employed by the Authority, or employed by voluntary organisations in the Authority's area		12
(*iv*)	No. on order at 31st December, 1949		—
(*v*)	No. of cases in which analgesics were administered by midwives in domiciliary practice during the year*		34
(*vi*)	No. of cars in use by midwives at 31st December, 1949		—

*The Scheme only commenced on 8th December, 1949.

STILLBIRTHS.—

Number of stillbirths (births of dead children)	48
Stillbirth rate	28

All of these were investigated as they occurred and the factors discovered may be classified as follows :—

(1)	Hazards of birth		6—12.5%
	Prolonged labour, 2 ; Malpresentation, 3 ; prolapsed cord, 1.		
(2)	Causes pre-existing at birth		42—87.5%
(a)	Foetal abnormality	7	9—18.75%
	Abnormality of cord	2	
(b)	Pre-existing condition of mother		33—68.75%
	Diabetes, 1 ; ante-partum haemorrhage, 8 ; toxaemia, 7 ; intra-uterine deaths of foetus, 9 ; prematurity, 3 unknown, 5.		

The percentage of stillbirths due to hazards of birth is low, but it is in this group that there is the greatest hope of reduction. This low percentage would appear to indicate a high standard of obstetrics. At the present time nothing can be done to reduce stillbirths due to foetal deformity. One-third of the stillbirths are due to causes the nature of which is not definitely known.

A large number of cases of ante-partum haemorrhage occurred during the seventh and eighth month of pregnancy and the foetus is often dead by the time treatment is commenced. It would appear that many other factors apart from medical treatment influence this group, for example, parity, age, and social and nutritional conditions.

Of the stillbirths in group (1) three were booked for hospital and therefore had the best treatment available while the other three had the attention of their own doctor and the treatment given was adequate.

In group (2) (a) there was no history of german measles or any other infection during the early months of pregnancy. One of the babies was a twin and in two cases there was torsion of the cord, which cannot be diagnosed ante-natally.

Among the cases under group (2) (b) there appears to be undue occurrence of ante-partum haemorrhage and toxaemia. Of the eight cases of ante-partum haemorrhage two were booked for hospital confinement and, of the remainder, four were sent to hospital, and in two of them the foetus was found to be dead on admission. One of the remaining cases would, on account of her previous obstetrical history, have been better confined in hospital.

Of the seven cases of toxaemia two were booked for hospital, and the other five were sent to hospital as soon as symptoms appeared. Two of them suffered from eclampsia of sudden onset, four were of high parity and one was a case of twins. Accidental haemorrhage was a complication in three of the cases.

All of the nine cases in which intra-uterine death occurred were delivered of a macerated foetus at full time. Two had been booked for hospital but in none of the total could any cause be found for the stillbirth. All had ante-natal care except one mother who had made no arrangement for the confinement.

The premature births all occurred in cases of twins, both children in one case and one in the other. Both mothers were delivered in hospital.

Four of the cases in which no indication of the cause could be found were B.B.A. One of these mothers had a positive Wassermann reaction, but the infant showed no sign of specific infection. The other case had good ante-natal care, labour was normal, but the infant was born asphyxiated.

INFANTILE MORTALITY.—

Number of deaths of children under 1 year, ...	85
Rate per 1,000 births, ...	52

Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths :—

Causes of Death	Age Groups						
	Under 1 week	1—4 weeks	4 weeks—3 months	3 months—6 months	6 months—12 months	Total Deaths	Rate per 1,000 Births
Chickenpox, ...	—	—	—	—	—	—	—
Measles, ...	—	—	—	—	—	—	—
Scarlet Fever, ...	—	—	—	—	—	—	—
Whooping Cough, ...	—	—	—	—	—	—	—
Diphtheria and Croup, ...	—	—	—	—	—	—	—
Erysipelas, ...	—	—	—	—	—	—	—
Tuberculous Diseases, ...	—	—	—	1	4	5	3.03
Meningitis (non-tuberculous), ...	—	—	—	—	—	—	—
Hydrocephalus, ...	—	—	—	—	—	—	—
Convulsions, ...	—	—	2	—	—	—	1.21
Pneumonia (all forms), ...	1	4	7	6	1	19	11.51
Bronchitis, ...	—	—	—	—	—	—	—
Diarrhoea and Enteritis, ...	—	—	2	3	—	5	3.03
Other Digestive Diseases, ...	—	—	—	—	—	—	—
Congenital Malformations, ...	2	3	—	—	—	5	3.03
Congenital Heart Disease, ...	—	1	—	1	1	3	1.82
Premature Birth, ...	17	6	1	—	—	24	14.55
Atrophy, Debility & Marasmus, ...	7	—	3	2	2	14	8.48
Atelectasis, ...	1	—	—	—	—	1	0.61
Injury at Birth, ...	—	—	—	—	—	—	—
Suffocation, Overlaying, ...	1	—	1	—	—	2	1.21
Syphilis, ...	—	—	—	—	—	—	—
All other causes, ...	—	—	4	—	1	5	3.03
Total Deaths, ...	29	14	20	13	9	85	—
Rate per 1,000 Births, ...	17.58	8.48	12.12	7.88	5.45	—	51 5

MATERNAL MORTALITY :—

Number of deaths resulting from pregnancy or confinement,	1
Number of deaths resulting from Puerperal Sepsis,	Nil
Maternal death-rate,	0.58

HOME VISITATION.—

The number of visits paid by health visitors during the year was as follows :

	First Visits.	Total Visits.
Expectant mothers	75	75
Children under 1 year of age	1,607	26,956
Children between the ages of 1 and 5	—	23,329
Tuberculosis cases	1,761	1,761
Other cases	749	749
Total visits paid		52,870

Number of infants at age of 6 months found to be :—

(i) Breast fed,	277
(ii) Partially breast fed,	126
(iii) Artificially fed,	980

ANTE-NATAL AND POST-NATAL CONSULTATIONS.—

	Ante-natal	Post-natal
(i) Number of clinics at end of year provided by local health authority,	4	4
(ii) Number of clinics at end of year provided by voluntary bodies,	—	—
(iii) Total number of women who attended	552	342
(iv) Total number of attendances made by women during year,	1,725	842

Ante-Natal Cases.—The number of first attendances was 472 and of subsequent attendances 1,253.

The following conditions were found :—

I. Existing before pregnancy.

(*a*) Anaemia,	62
(*b*) Gynaecological conditions,	20
(*c*) Hypertension,	5
(*d*) Respiratory disease,	2
(*e*) Diabetes,	2
(*f*) Cardiac disease,	2
(*g*) Exophthalmic goitre	1
(*h*) Venereal disease,	1
(*i*) Epilepsy	1

All the above mothers gave birth to live babies except the diabetic, whose pregnancy terminated in a stillbirth. Groups (c) to (i), along with some of the malnourished mothers in group (a), 59 in all, were recommended for admission to Rankin Hospital

II. Associated with pregnancy.

(*a*) Malpresentation,	15
(*b*) Toxaemia,	2
(*c*) Multiple pregnancy,	4

In group (a) 13 were multiparae and 2 primiparae. In the case of the former version was attempted and was successful in ten cases. All terminated in live births. Of the three remaining cases one, a multiparae, was booked for maternity hospital and had a live birth, one had a live birth at home and one terminated in stillbirth. The three primiparae were all booked for hospital treatment, version having failed, but live births occurred in each case.

Both cases of toxaemia were sent to hospital for ante-natal care and finally had confinements resulting in live babies.

All twin pregnancies resulted in live births.

Post-natal Cases.—The total number of attendances of nursing mothers was 842. Minor complaints were dealt with at the clinic, mainly anaemia and vaginal discharges.

Eight cases were referred to the Samaritan Hospital, Glasgow, for operative treatment.

Rhesus Factor Examinations.—Examination for the Rhesus factor was made at the department's ante-natal clinics in 319 cases, of which 55 or 17.2% were negative. Antibodies were found in one case only in a titre of 1 in 4 and later of 1 in 8.

Of the 55 mothers 16 were primiparae, 6 had had miscarriages previously, 3 of them at the first pregnancy, and in the other three normal pregnancies had followed their miscarriages. Five of the patients had had previous stillbirths, one due to congenital disease, one to obstetrical difficulties and three were first confinements.

None of these histories are typical of Rhesus negative cases. Fourteen of the patients had already at least four children and had all had previous normal confinements and had not developed antibodies during the pregnancy under consideration.

The results of the actual pregnancies were as follows :—one terminated in a miscarriage, one produced a premature birth, four resulted in stillbirth and the rest had normal confinements. Of the cases of stillbirth one was a twin, one a deformed foetus, one was due to obstetrical difficulty and one was a macerated foetus, the mother having had five previous normal confinements.

The patient with antibodies was delivered of a normal live child.

CHILD WELFARE CLINICS.—

(1) No. of Clinics at the end of the year provided by the Local Health Authority	4
(2) No. of children who attended during the year	2,282
(3) No. of children who first attended clinics during the year and who on the date of first attendance were :—	
(a) under 1 year,	984
(b) over 1 year,	232

(4) Total number of attendances during the year by children who at the end of the year were :—

(a) under 1 year, ...	6,372
(b) over 1 year, ...	3,343

The large majority of the conditions encountered were treated at the clinic and a number were referred for special treatment as follows :—

Greenock Royal Infirmary, 76 ; Ear, Nose and Throat Dispensary, 31 ; Eye Infirmary, 20 ; Specialist Skin Clinic, 3 ; Orthopaedic Clinic, 3 ; Royal Hospital for Sick Children, Glasgow, 19 ; in addition 34 children were sent for admission to Rankin Memorial Hospitals.

The following major ailments were encountered :—

Malnutrition, 60 ; rickets, 3 ; congenital abnormalities, 19 ; mental defect, 5 ; congenital abnormality of heart, 1 ; congenital syphilis, 2.

Appropriate action was taken in each case.

Number of children immunised against diphtheria (APT), ...	15
Number of maintenance injections	14
Number of children immunised against diphtheria and whooping cough (combined antigen)	453
Number of children successfully vaccinated, ...	206
Number of children unsuccessfully vaccinated, ...	14

SPECIAL TREATMENT CENTRES.—

Corporation Dental Clinics.—Dr. Randolph Douglas, who had conducted these clinics for approximately 25 years, unfortunately found it necessary, through pressure of other work, to give up at the end of November and, although Miss Alison Maclachlan, L.D.S., carried on for a short time thereafter the service finally ceased during December as no acceptable arrangement with the dental profession could be made.

The record of work is as follows :—

	Expectant Mothers	Nursing Mothers	Pre-school Children
Number inspected by dental officers,	132	215	238
Number found to require treatment,	122	203	199
Number actually treated by dental officers, ...	122	203	199

Other Special Centres,—	Children Treated
Greenock Eye Infirmary, ...	162
Ear, Nose and Throat Hospital, ...	525
Greenock Royal Infirmary, ...	753
Corporation Ultra-violet light clinic, ...	151

MOTHER AND BABY HOMES.—There is no provision of this nature by the local authority, but use has been made on occasion of the voluntary institution Mission Coast Homes, Saltcoats, which has twenty-two beds for ante-natal and post-natal cases and thirty-two cots.

Five mothers and four toddlers were admitted during the year for a period of approximately two weeks.

RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.—There is no residential nursery in the burgh. There is a Children's Home able to house 20 children, but that is under the administration of the Children Committee. A certain number of children are admitted for short periods on account of domestic or other difficulty at home so that some of the problems encountered under Child Welfare can be at least partially solved by this means.

PREMATURE BABIES.—Special equipment was sent out on 28 occasions for 32 babies, including 4 sets of twins.

Two were admitted to Rankin Hospital, one a child weighing under 2½ lbs., which died within a day, and the other surviving only four weeks, while one, a doctor's case, died within five hours of birth.

The remaining 29 babies, all of whom were delivered by midwives, were cared for at home and the following is the relevant information regarding them :—

Birth Weight	Number	Condition at Birth	No. of Neo-Natal Deaths	Time of Death			
				Within 24 hrs.	Under 1 week	1—4 weeks	After 4 weeks
Under 2 lbs.	1	Feeble	1	—	1	—	—
2—2½ lbs.	2	Both feeble	1	—	—	1	—
2½—3½ lbs.	9	3 week and feeble	3	1	—	2	—
3½—4½ lbs.	11	All fair condition	1	—	1	—	—
4½—5½ lbs.	6	All good condition	—	—	—	—	—
Total, ...	28		6	1	2	3	—

Of these 29 babies, therefore, 23 survived, and the results cannot be regarded as otherwise than good. At the end of the year all the children were in good condition, apparently normal and healthy.

ILLEGITIMATE BABIES.—The number of illegitimate births registered in 1949 was 62. Of these one was a stillbirth, one was premature and died in a few hours, and other two died at the age of approximately one month. All of the babies were first children except in three cases, two being the second child, and the other the fifth. In the last case the mother was of low mentality.

Two of the babies left the burgh with their mothers, four have been adopted, two are in the Children's Home, Ravenscraig, two are cared for by grandmothers. The remaining 48 babies are wholly or partly looked after by the mothers.

Four of the mothers have since married the fathers of the children, while eight continue to live with the fathers, who are supporting them. Six of the mothers are working, and in five cases the grandmothers are looking after the children during the day, while in the sixth case it has been admitted to the Day Nursery. The remaining mothers are not working, and look after the babies themselves. One of them, however, is a mental defective who requires the help of her own mother in the task.

The children are all well looked after, but in three cases the home conditions are not entirely satisfactory, the mother being of a careless type.

DAY NURSERY AND TODDLERS' PLAYGROUNDS.—The Day Nursery, Bawhirley Road, still remains the only children's nursery in the burgh and no change in the arrangements have been made during the year. The places are still fully taken up and there is a very considerable waiting list.

The Nursery is approved for the training of nursery nurses under arrangements made by the Scottish Nursery Nurses Examination Board.

The average daily attendance was 55, 11.6 in respect of under two years of age and 43.4 for the 2-5 age group.

In addition to this there are two toddlers' playgrounds for children aged 2-5, each having two sessions of three hours per day from Mondays to Fridays inclusive. There are forty places in each playground, and all were taken up at the end of the year, while a small waiting list existed for both places. The Local Authority are making arrangements for a third toddlers' playground of this type near the centre of the burgh.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.
No applications for registration were received under the above-named Act.

DOMESTIC HELPS.—At the end of the year 12 women were employed, 1 on whole-time and 11 on part-time duty.

The number of helps provided during the year was 123 and the average period of service was approximately 12 days.

Maternity Services (Scotland) Act, 1937

Under the Corporation's Domiciliary Midwifery Scheme 13 whole-time municipal midwives were employed at the end of the year. They conducted 51.3% of all confinements in the burgh and worked in co-operation with a doctor in each case.

The following are the relevant figures :—

Number of confinements conducted,	843
Number of ante-natal visits,	5,994
Number of post-natal visits (routine),	13,346
Number of special post-natal visits,	414
Deaths of babies, within 14 days of birth,	14
Stillbirths,	19
Cases of ophthalmia neonatorum,	3
Cases of puerperal sepsis,	1
Deaths from puerperal sepsis,	Nil
Cases of puerperal pyrexia,	1

All the midwives on the staff are qualified to administer gas and air analgesia, but the scheme of administration did not begin until 8th December, and thereafter the apparatus was used in connection with 34 confinements. Twelve sets of the Minnitt type of apparatus were in use.

Medical assistance was called under the 1915 Act in eight emergencies, 2 ante-natal, 5 intra-natal, and one post-natal. This was made necessary by the fact that eight patients in booking a midwife under the Corporation's Scheme stated that they did not wish the attendance of a doctor, and on that account they made no appropriate arrangements. This reluctance to book a doctor seems to have had its origin in the past, but by the end of the year had largely been forgotten.

The following notifications required by the Rules of the Central Midwives Board and the Ophthalmia Neonatorum Regulations were received :—

Stillbirths, 3 ; ophthalmia neonatorum, 3.

The scheme was under the direct supervision of the Assistant Medical Officer of Health (Child Welfare) who controls the arrangements.

Midwives (Scotland) Acts

The Greenock District Nursing Association continued until 1st September to provide a private midwifery service, but only in 9 cases without a doctor being booked under the Health Services Scheme. Apart from this, two cases were conducted without a doctor by a midwife in private practice.

In one out of these 11 cases medical assistance was called for a condition connected with the child. Two official intimations were received, one of stillbirth and one of artificial feeding.

The usual supervision was carried out by the assistant inspector of midwives during the year, and the work and records of these midwives were found to be satisfactory.

Twenty-five midwives in all notified their intention to practice within the burgh, but only 22 were actually in practice.

At the end of the year only three private midwives were ostensibly in practice, two of whom acted mainly as maternity nurses.

Mental Health

I. Mental Disorder.

As will be seen from the tables given below difficulty was experienced periodically in securing the admission of patients to Ravenscraig Mental Hospital (the " home " hospital for the burgh) where accommodation is often fully taken up.

The total dealt with is not above the average, but it is satisfying to note the increase in the number of persons entering hospital voluntarily for early treatment.

The number of Senile Dementia cases does not reflect the true position as certification was often avoided, the patients being treated either in General Hospital or at home.

A. HOSPITAL TREATMENT.

(a) Certified Patients.

The following is an analysis of the cases dealt with during the year which were removed to hospital for treatment :—

Hospital.	Age Groups. 20/30 M	F	31/40 M	F	41/50 M	F	51/60 M	F	61/70 M	F	71 + M	F	Totals M	F	Total
Ravenscraig	4	5	—	3	7	2	1	1	3	—	—	1	15	12	27
Dykebar	1	1	1	—	—	—	—	—	1	—	—	—	3	1	4
Woodilee	—	—	—	1	—	—	—	—	—	1	—	1	—	3	3
Riccartsbar	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Gartnavel	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
	5	6	1	4	7	3	1	1	4	1	—	3	18	18	36
Of whom : Discharged during year	—	—	—	—	3	—	1	1	1	—	—	—	5	1	6
Died during year	—	—	—	—	1	1	—	—	1	—	—	2	2	3	5
Under treatment at end of year	5	6	1	4	3	2	—	—	2	1	—	1	11	14	25

Analysis by diagnosis is :—senile dementia, 7 schizophrenia, 5 ; mental deficiency with super-added psychosis, 4 ; recurrent mania, 3 ; acute melancholia, 3 ; toxic psychosis, 2 ; epileptic psychosis, 2 ; alcholic psychosis, 2 ; paraphrenia, 2 ; psychosis associated with arterio-sclerosis, 1 ; confusional psychosis, 1 ; puerperal psychosis, 1 ; manic depressive psychosis, 1 ; acute delirious mania, 1 ; psychopathic personality with schizoid reaction, 1.

Four patients were released on probation during the year, of whom one was returned to hospital after being over three months at home and at the end of the year the three remaining cases were being visited and assisted.

In addition to the figures given above six patients were discharged and eleven died, all of whom were admitted in previous years.

(b) Voluntary Patients.

The following is an analysis of the cases dealt with during the year which were admitted to hospital for treatment :—

Hospital.	Age Groups. 20/30 M	F	31/40 M	F	41/50 M	F	51/60 M	F	61/70 M	F	71W M	F	Totals M	F	Total
Ravenscraig	2	4	1	1	1	2	1	—	3	—	1	2	9	9	18
Gartnavel	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
	2	4	1	1	1	2	1	1	3	—	1	3	9	11	20
Of whom : Discharged during year	1	3	1	—	1	2	1	1	2	—	1	1	7	7	14
Under treatment at end of year ...	1	1	—	1	—	—	—	—	1	—	—	2	2	4	6

Analysis by diagnosis is :—acute depression, 4 ; neurasthenia, 4 ; epileptic psychosis, 2 ; hypochondriasis, 2 ; senile melancholia, 2 ; dipsomania, 1 ; schizophrenia, 1 ; acute mania, 1 ; puerperal psychosis, 1 ; schizoid reaction 1 ; paraphrenia, 1.

B. PATIENTS UNDER GUARDIANSHIP IN PRIVATE DWELLINGS.

There was no change in the number of cases under guardianship during 1949 ; apart from minor ailments which were treated by a doctor or at the local hospital, their condition remains unchanged. All cases were examined by a medical practitioner every three months and visited by the Authorised Officer twice in the year, representatives of the Health Committee taking part in the second visitation.

Details of these cases are as follows :—

Area where boarded	Age Groups					Total
	30/40	41/50	51/60	61/70	70+	
Arran	1	3	2	3	1	10
Lanark	—	—	—	1	—	1
Greenock ..	1	—	—	—	—	1
Total	2	3	2	4	1	12

Sex and length of period under guardianship :—

	1/5 yrs.	6/10 yrs.	11/20 yrs.	21/30 yrs.	31/40 yrs.	Total
Males	1	3	6	—	1	11
Females ...	1	—	—	—	—	1
Total	2	3	6	—	1	12

II. MENTAL DEFICIENCY.

In the course of the year fourteen cases were notified, mostly by the Education Committee of the County of Renfrew ; seven of these cases have now secured employment and no action, other than periodic visitation, was undertaken.

The condition of sixteen patients was reviewed by action by the Authorised Officer, Medical Practitioners and the General Board of Control for Scotland, one being discharged from the register.

PATIENTS IN INSTITUTIONS.

Once again the scarcity of accommodation in institutions created an extremely difficult problem during the year, but it is hoped that in the near future arrangements will be made by the Regional Hospitals Board for vacancies to be made available. The following tables show the position at the end of the year and the action taken :—

Institution	Number at Decr. 1948			Admissions			Discharges			Number at Decr. 1949		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
Royal Scottish National Institution, Larbert	14	6	20	1	—	1	—	—	—	15	6	21*
St. Joseph's Instn.	5	—	5	—	1	1	—	—	—	5	1	6
Lennox Castle Ins.	1	1	2	1	—	1	—	—	—	2	1	3*
Broadfield Instn.	2	3	5	—	—	—	—	—	—	2	3	5
Waverley Park Instn.	—	5	5	—	—	—	—	—	—	—	5	5
St. Charles Instn.	1	3	4	—	—	—	—	—	—	1	3	4†
Blinkbonny Instn.	—	2	2	—	—	—	—	—	—	—	2	2
Totals	23	20	43	2	1	3	—	—	—	25	21	46

*One patient on Licence.
†Two patients on Licence.

Analysis of cases according to age, sex and condition as defined in the Lunacy and Mental Deficiency Act, 1913 :—

Mental Condition.	Age Group.								Sex		No.
	2/10	11/15	16/21	22/30	31/40	41/50	51/60	60+	M.	F.	Tot.
Idiots	—	—	—	—	—	—	—	—	—	—	—
Imbeciles	1	2	2	4	3	—	—	—	5	7	12
Feeble-Minded	2	3	5	9	8	3	—	2	18	14	32
Moral Imbeciles	—	—	1	—	—	1	—	—	2	—	2
Totals	3	5	8	13	11	4	—	2	25	21	46

Analysis of cases showing length of period under care :—

Mental Condition.	Under 1 year	1/5 yrs.	6/10 yrs.	11/15 yrs.	16/20 yrs.	21/30 yrs.	Total
Idiots	—	—	—	—	—	—	—
Imbeciles	—	3	3	2	—	4	12
Feeble-minded	1	4	8	11	6	2	32
Moral Imbeciles	—	—	1	1	—	—	2
Totals	1	7	12	14	6	6	46

PATIENTS UNDER GUARDIANSHIP IN PRIVATE DWELLINGS.

At the end of 1948 there were twenty-four mental defectives boarded-out in private dwellings ; of these, three were admitted to Institutions in the course of the year and two were considered no longer in need of supervision, one being discharged.

During the year four were added to the list of aided cases, two of these being boarded under the guardianship of hospital superintendents.

The following tables give an analysis of the position at the end of the year and of the action taken :—

Number at December, 1948			Added to Register			Discharged, removed from Register or to Institutions			Number at December, 1949		
M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
17	7	24	2	2	4	2	3	5	17	6	23

Analysis of cases according to condition, age and sex.

Mental Condition.	Age groups.								Sex		No.
	2/10	11/15	16/21	22/30	31/40	41/50	51/60	60+	M.	F.	Tot.
Idiots	—	—	—	—	—	—	—	—	—	—	—
Imbeciles	—	—	1	—	2	—	—	—	1	2	3
Feeble-minded	—	—	3	7	5	5	—	—	16	4	20
Moral Imbeciles	—	—	—	—	—	—	—	—	—	—	—
Totals	—	—	4	7	7	5	—	—	17	6	23

Analysis of cases showing length of period under care :—

Mental Condition.	Under 1 year	1/5 yrs.	6/10 yrs.	11/15 yrs.	16/20 yrs.	21/30 yrs.	Total
Idiots	—	—	—	—	—	—	—
Imbeciles	3	—	—	—	—	—	3
Feeble-minded	1	7	8	1	2	1	20
Moral Imbeciles	—	—	—	—	—	—	—
Totals	4	7	8	1	2	1	23

School Health Service

On 15th January, 1949, the Corporation took over responsibility for the medical inspection of school children within the burgh, and this service is being reported on for the first time. The school year extends from the beginning of the summer holidays in one year to the corresponding date in the following year. The sub-joined report was prepared by Dr. D. B. McMillan, Assistant School Medical Officer and the included figures refer to the year ending July, 1950.

ORIGIN AND DEVELOPMENT.

The origin of the School Health Service is interesting. In the early years of the century concern existed because " recruiting returns had persistently shown the disquieting proportion of unfit applicants for military service." This was the only index at the time of the state of the national health and physique ; so in 1902 there was set up a Royal Commission on Physical Training (Scotland). That the emphasis was on training and not on health was shown by the fact that the Commission comprised only one medical member. As its deliberations proceeded the emphasis shifted, and when its findings were published in 1903 the part destined to make the biggest contribution was the recommendation that " School Boards should have the command of medical advice and assistance in the supervision of schools." Other advice was incorporated, and the more readily adopted because the Commission was able to present the results of a" pilot examination " conducted on 600 children in Edinburgh and 600 in Aberdeen. The need for medical inspection of school children seemed established and shortly afterwards a Committee on Physical Deterioration re-emphasised the need. Owing to the vagaries of parliamentary procedure five years elapsed before measures for the establishment of a scheme found so necessary were enacted in the Education (Scotland) Act, 1908. Powers were given to School Boards to set up schemes for the examination and supervision of school children. Within three years the scheme had been adopted throughout the land and in 1913 the Scottish Education Department brought out their " First Report on the Medical Inspection of School Children in Scotland."

From the first emphasis was placed on physiology and the prevention of disease instead of, as of old, on pathology and treatment. But treatment, which was often found to be neglected or unsatisfactorily carried out, could not be ignored and was stressed in the Appendix of the Report thus :—" The essential point is that nothing capable of being treated should go without treatment so long as treatment is possible and available." School Boards had put upon them as a duty the " hygienic examination and supervision of school buildings." Liaison was thus established from the outset with the Medical Officers of Health. In addition, liaison between School Boards and between them and Public Health Authorities was secured by the establishment of County Education Committees, whose members were drawn from various walks of life and established bodies. By means of this association of different authorities clinics were soon established to carry out the recommendations with regard to treatment and the foundation of most of the clinics now in being were laid within the first ten years of the inauguration of the Scheme. The rapidity with which the work of the Clinics spread is shown by the fact that whereas in session 1919-1920 the number of attendances at clinics of all kinds throughout the County of Renfrew was 15,000, by session 1927-1928 it had increased to 125,012.

On the whole the Service has proceeded along steady lines of evolution. Administrative changes have occurred but the goal aimed at has always been the same. The setting up of County Education Authorities by the Education

(Scotland) Act, 1918, and the consequent abolition of School Boards, were the first of these changes. In the County of Renfrew, however, the change was not too abrupt for Greenock (and district) remained under the care of a School Medical Officer directly responsible to the Education Authority. This arrangement obtained until the passing of the Local Government Act of 1929 abolished Education Authorities and transferred their responsibilities to the County Councils, acting through its Education Committees. The County Medical Officer thus became administrative head of the School Medical Service, and it was to him that the School Medical Officers rendered their annua, reports. Greenock reports ceased then to be publised separately, and the figures for the whole County were slumped together for presentation to the Department of Health by the County Medical Officer. This probably had administrative convenience, but Greenock lost something of its " family " grip. The last administrative change occurred on January 15th, 1949, when Renfrew County Council, with considerable reservations with regard to administration and finance, handed over to the Corporation of Greenock, responsibility for Medical Inspection and Treatment in the Minor Ailment Clinics of all children attending schools within the Burgh of Greenock. The appropriate staff—medical nursing, and clerical—were at the same time transferred to the Health and Welfare Department of Greenock and the Medical Officer of Health became chief of the School Health Service in the burgh. Treatment at Specialist Clinics—Ear, Nose and Throat, Eye, Skin, Orthopaedic and Dental—and at the Schools for Mentally and Physically Handicapped Children, remained in the hands of the County Authority. Children thought by the burgh medical staff to be in need of such specialist treatment are referred to the appropriate clinic. With these exceptions, Greenock Corporation have now the responsibility for the supervision of the health of all Greenock children from before birth till school-leaving age. Every child is now, of course, on the list of a private doctor and every effort is made for the school doctor to work in co-operation with the family doctor. The resentment that, justly or not justly, used to be felt by the private practitioner that the School Medical Service was depriving him of part of his livelihood, need no longer be felt. The " ethical " question of one doctor taking to do with another doctor's patient should not arise if the delicacy of the position is realised by both and each is prepared to respect the efforts of the other to do his best for the most important member involved, viz., the child. In actual practice our efforts are usually complementary. The private doctor is mainly engaged in treating illnesss and giving advice on health whenever a child comes under his notice. Long intervals may elapse, however, during which a child may be suffering from a minor ailment to which he and his parents have become so accustomed that either they no longer notice it or, at any rate, take no steps to have it remedied. It is dismissed with a shrug of the shoulder and an off-hand " That's nothing. He's always had that." The School Medical Service can play a valuable part at that point.

PRESENT SET-UP OF SCHOOL HEALTH SERVICE.

Under the Scheme for Medical Inspection of School Children every child is examined by the School Medical Officer at the first opportunity after admission to school. Height, weight, previous illnesses, family medical history, condition of clothing and footgear, state of cleanliness of head and body and any defect found on systematic examination are noted on a Medical Record Card which is preserved throughout the child's school life and is kept up to date at all future examinations. Similar routine systematic examinations are held at age of 9, 13 and 16. Hearing and vision are tested at age of 7—earlier if for any reason either faculty has appeared to be deficient. Many defects, apparently trifling at the time, but likely to become progressively worse, are spotted in their early stages when cure is most readily effected. The parents, and if need be the family doctor, are then informed so that treatment may be initiated by them or at one of the School Clinics. At all of these routine examinations the parents are invited to attend and the short consultation that is then possible is invaluable to child, parent and doctor alike. The look of satisfaction on a parent's face when told merely " your child is all right " shows how they appreciate the opportunity.

All defects are noted in the School Nurses' " Defects Book " and " follow-up examinations are made by the nurse and/or doctor to ensure that treatment is carried out. Visits to the child's home are carried out by the nurse when necessary and important information may be gleaned this way. These are made as infrequent as possible so as not to appear to harass the parents. If the condition seems to warrant it the child is referred to the appropriate Specialist's Clinic. The specialist may then himself initiate treatment or if, in his opinion, the condition requires hospital treatment he will report his findings and recommendations to the family doctor with whom the responsibility for action finally rests. The Authority's Eye Specialist tests many of the children with squint and other serious defects of vision. If appropriate he issues a prescription for glasses which is taken to an optician for dispensing.

In addition to the " routine " examinations carried out at ages 5, 7, 9, 13 and 16 " non-routine " examinations are held as often as is feasible—if possible every month. Headmasters are informed that on a certain date the nurse will visit the school for this purpose. In co-operating with his teachers he prepares a list of children whose medical condition (including cleanliness and clothing) does not appear to be satisfactory. The nurse examines these children and takes appropriate action, referring them where necessary to the doctor's clinic. This ensures the early detection and treatment of defects and continuity of supervision. In addition occasional unheralded visits to schools are made by nurse and/or doctor when special examinations are made.

The Medical Officer keeps a general clinic register of special cases which come under his notice. These are children suffering from potentially serious conditions like rheumatism, chorea, cardiac affections, bronchitis, asthma, etc., Periodically they are invited with their parents to come to the clinic and have a " check-up." This branch of the work is very important as is the liaison with the Health and Welfare Department and the Tuberculosis Department. Many other duties fall upon the doctors and nurses, such as the examination of children proceeding to residential camp schools, children seeking part-time employment as message boys, etc., and children about to be committed to an Approved School. It is the duty of School Medical Officers to supervise in a general way the cleanliness, heating, ventilation, sanitation, etc. of schools and report annually on these matters.

OBSERVATIONS AND ADVICE—MAINLY TO PARENTS.

The vast majority of the school children are clean and well cared for. Gross uncleanliness (including verminous infestation of the head) is confined to a few families in whom no amount of precept, example or very plain speaking ever effects more than a transient improvement. They are our biggest headache and in spite of two generations of intensive tuition are still at the stage when they seem to consider it is as natural for heads to be " nitty " as it is for them to be blonde or brunette. Much of it is due to over-crowding, much to large families, but some also appears to be due to downright apathy and laziness. That the job of cleaning heads can be effectively carried out where the spirit is willing has been proved repeatedly where we have had to score a child's name off the list for a residential camp because of head vermin and next day he or she has appeared with a clean head and begged to be reinstated. Soap and water and a small-tooth comb are still splendid weapons.

but recent years have produced a never-failing ally in D.D.T. emulsion, if used according to instructions. Particularly does this apply in the case of the mothers themselves and daughters beyond school age whose " perms " have rendered use of small-tooth combs anathema, if not indeed an impossibility. These are the seed beds from which infestation disseminates afresh to the young heads which the school staff have often been at such pains to cleanse.

That the children are cleaner, better clad and better shod than they used to be is obvious to everyone. There is, however, the same minority mentioned in the previous paragraph who fail to meet their obligations to send their children to school with shining morning face and with both outer and under clothing clean. Strange as it may appear, we still, though fortunately rarely, meet with the child who has been " sewn into " his vest for the winter ! We do also meet with the over-clad child of an over-anxious mother. Occasionally we meet with an under-clad child but a small number of mothers fail to keep their children's clothes in a proper state of repair. It is distressing to see clothing ruined for want of a stitch in time. Foot-wear is sometimes shockingly neglected. This is indeed a difficult problem. Boots and shoes are so expensive to begin with and often so shoddy, while subsequent repairs are also so expensive that parents often simply let them go till the child is down on his uppers. Surely many more handy fathers could try to do a useful job of cobbling and save expense and their child's health at the same time. Too often resort is had to a quite spurious form of " economy "—the purchase of rubber sandshoes or " sneakers." There is nothing to be said in their favour except for perhaps a short period in mid-summer. The developing young foot arches need more support than that. In addition the old dread of damp feet, unlike the old dread of " night air " is firmly founded on fact and is a potent means of lowering resistance to disease.

What has been said with regard to the upkeep and repair of foot-wear applies with even greater emphasis to the upkeep and repair of surgical appliances—special boots, leg-irons, etc. It is well nigh incomprehensible how parents can watch the deterioration and ultimate destruction of material of this sort, so valuable to the unfortunate child, who must wear it, and take no timely step to have it remedied. There is not even the question of expense in extenuation, for such appliances are supplied free through the Orthopædic Clinic, Hospitals, etc.

The wearing of glasses is occasionally a matter where parents show an obstinate ignorance. At the root of it seems to be false vanity, as though it were an affront to their dignity that their child should have to wear such things. But it is the child's eyesight and the child's future they are jeopardising and the job in persuading them of this is not always easy. Still more difficult is the job to persuade the parents of a physically or mentally handicapped child that on account of his condition the child is incapable of profiting from the form of teaching given in an ordinary school. Again the child's future ought to be the sole consideration, but parental vanity blinds them to the truth and their only thought is " what will the neighbours think ? " If only they would see that this is piling one misfortune upon another for the child and keeping him in an environment where day and daily the misery of his misfortune is going to bite deeper and deeper into his very heart, parents would not hesitate. Such a child is happy only among his peers—a pawn in an ordinary school he becomes a knight, a bishop, even a king (or queen) in the school specially constituted for him.

" The home is the point at which health must be ultimately controlled." These wise words were contained in the Appendix to the First Report on the Medical Inspection of School Children in Scotland (1913). They apply with even greater force to-day when the State is doing more for the people than ever before. The following rules should therefore prove useful in the home :—

(1) See that your children get sufficient sleep and in a room where the window is *never* closed.

(2) See that from infancy they carry out their teeth-cleaning drill and that they visit the dentist for regular inspection by him. There is no longer any charge.

(3) See that they wash their hands before meals and after visits to the toilet.

(4) See that your children have a varied diet. Remember the body builders —meat, fish and milk. Introduce milk and cheese—camouflaged as you like—somewhere. Let there be also as much fruit and raw vegetables as possible. When the school meal service first introduced as a " main dish " salad consisting of grated cheese and grated raw vegetables children were aghast and highly suspicious. They were taught to eat it and now they like it. Please carry on the good work .

(5) If your child has the misfortune to have " running ears " and is asked to attend the School Clinic for daily cleaning, please see that he does so. Running ears can be a grave danger to hearing and to life, as well as a source of offence to all within reach. If your child is very young treatment is all the more important. No matter at what inconvenience you should accompany him to the Clinic.

(6) If your child has any type of malady for which prolonged and regular attendance for treatment is required grow not weary in well-doing. Encourage him to attend as often as and as long as the doctors advise. A glance at the figures quoted later will show that we have no need to make work for ourselves. It is there in abundance clamouring for attention. Besides, as long ago as 1913 it was laid down :—" The School Board are entitled to require of the parent or guardian that all necessary measures shall be taken to remedy any defects and to have any diseases properly treated " (appendix to the First Report on the Medical Inspection of School Children in Scotland).

Noteworthy Changes which have occurred during the Forty Years' existence of the School Health Service.

1. **Cleanliness.**—The abolition of gross uncleanliness in the vast majority of school children. This has been dealt with in some detail in the previous section and despite the occasional backsliders must be regarded as a positive gain.

2. **Type of Clothing.**—One only needs to look at the family albums of 1910 or thereby to see how far we have advanced along the roads of sanity. Instead of keeping a child perspiring under many layers of unnecessary clothes the endeavour nowadays is to reduce clothing to a minimum, to have the child unencumbered to enjoy his exercises and his play and to leave as much as practicable of his or her skin exposed to the air and to the rickets-preventing sunshine. Common-sense adjustments forweather and season must, of course, be made.

3. **Nutrition.**—This is a difficult subject to assess though to everyone with any memory extending back 30 or 40 years the improvement is beyond doubt. Size and weight have tended too much to be regarded as the criteria of fitness, but we whole-heartedly agree with the opinion expressed the other day by an eminent surgeon that a child can be well below average in height and weight and still be normal and that the most important things in the child are " freedom from lassitude, freedom from infection, joie de vivre and evidence of plenty of energy."

Nevertheless, we consider it is not without significance for the race, if not for the individual, that the average boy entering a Greenock school in sessions 1947-48 and 1948-49 was 1·8 inches taller and 1·2 lbs. heavier than his father entering school in sessions 1911-12 to 1914-15. By the time a boy has reached the age of 13 to 14 he is 2·8 inches taller and 10 lbs. heavier than his father at the corresponding age. The girls of 1947-1949 started their school life 1·8 inches taller and ·8 lb. heavier and those finishing up at 13 to 14 are 2½ inches taller and 11½ lbs. heavier than their mothers before them.

4. **Rickets.**—The story of rickets is now history and what a bright chapter the triumph over it constitutes. It is, of course, closely bound up with the preceding section—rational clothing and nutrition. In the early days of the School Medical Service nearly two-thirds of the admissions to the Physical Department of the Special School were on account of rickets—either still at the active or in the deformity stage. Now rickets has almost ceased to exist but, unfortunately, its place has been taken, but to a much smaller degree, by the various forms of paralysis—spastic and infantile (poliomyelitis). The art and skill of the Orthopædic Surgeon and Physicians are now turned upon these great problems.

5. **Teeth.**—We pull a wry face whenever we read the words of Sir John Struthers in the appendix to the First Report on the Medical Inspection of School children in Scotland (1913), which we have found so interesting and provocative. Sir John says : " The cleansing of the mouth and teeth should be as normal a part of school discipline as the cleansing of the face and hands, *a matter that can be enforced without difficulty* "— there speaks a real optimist !

I am greatly obliged to the School Dental Department for the Report which I quote : " The condition of children's teeth since the beginning of the School Dental Service in Greenock (1920) has shown a continuous improvement in spite of repeated set-backs in the Scheme—as in 1932 when the service was curtailed and again during the last war and more recently owing to the shortage of staff.

" Where it has been possible to give treatment regularly in successive years the improvement has been most marked.

" A certain number of parents still refuse to consent to regular routine treatment and this neglect is usually obvious by the unhealthy condition of their children's mouths. If this regular treatment were always available and always taken advantage of there would be fewer demands for emergency treatment.

" In recent years I have found a larger number of perfect mouths among entrants and I suggest that this may be due to the distribution of orange juice, milk and cod liver oil to infants, but I cannot say that this improvement has continued as the children grow older."

Envoi :

I do not attempt to share out praise or blame among the various parties concerned for what progress has been made and where progress has been slow or non-existant. Parliament, Health Authorities, Education Committees, County Councils, all doctors, nurses, health workers, scientists and research workers, these and many more have played their part often without realising its ultimate value and place in the scheme of things. But we like to think, and we feel sure that no one will deny us the satisfaction, that we in the School Health Service to-day, and the two generations or so who have preceded us, have played a not inconsiderable part in social betterment and in life, health and the pursuit of happiness, especially among the children.

FIGURES FOR SESSION 1949-1950.

Average Number of Children on the Rolls.

Ordinary schools		13,613
Glenburn School—Physical Division	89	
Mental Division	181	
Sight-saving class	20	
Total		290
Garvel (Oral School for the Deaf)		12
Holeburn School (Occupational Centre)		20
Total		13,935

Routine (Systematic) Examinations (Doctor and Nurse).

Number of children examined :—

Nursery Class (Craigieknowes School)	21
Entrants (5 years old plus)	1,260
Second Age Group (9 years old plus)	1,158
Third Age Group (13 years old plus)	1,186
Secondary Schools Age Group (16 years old plus)	98
Total	3,723
7 Years Old Group (vision and hearing only)	594
Grand Total	4,317

Defects Discovered at Routine Examinations.

Number of children with defects of vision and/or teeth	394
Number of children with minor defects (other than above) where complete recovery anticipated within a few weeks	1,106
Number of children with more serious defects	159
Total	1,659

Note.—If uncleanliness and dental caries are excluded, the above figure is reduced to 842. The parents of children suffering from a defect other than dental caries were informed and advised. Advice and treatment in the case of dental caries are the care of the School Dental Department.

Non-Routine Examinations (Nurse.)

Treatment required and parent informed	2,998
No action required	3,558
Total	6,556

Principal Defects found at Non-Routine Examinstion :—

Uncleanliness of Head	1,439	
Uncleanliness of Body	238	
Unsatisfactory condition of clothing	200	
Unsatisfactory condition of footgear	81	
		1,958
Defect of Vision		386
Other Defects		654
Total		2,998

Examinations for Special Purposes.

(a)	for Employment Licences (Doctor)	66
(b)	of Junior Students	6
(c)	for Residential Camp Schools (Doctor and Nurse)	556
(d)	Re-examinations ,, ,, ,, ,,	1,436
(e)	Home visits (nurse)	720

CLINICS.—

A. Minor Ailments Clinic.

Number of Attendances	9,048	(1,494 children)
Nature of cases :—		
(i) Cuts, bruises, injuries, etc.	231	(119 ,,)
(ii) Diseases of Ear, Nose and Throat	3,610	(182 ,,)
(iii) Diseases of Eye	1,286	(212 ,,)
(iv) Diseases of skin	3,921	(981 ,,)

B. Doctor's Inspection Clinic.

Number of special cases examined	854

C. Eye Specialist's Clinic.

Number of children examined	502
Number of children re-examined	126
Number of children for whom spectacles were prescribed	442
Number of children treated otherwise or advised	60

D. Ear, Nose and Throat Specialists' Clinic.

Number of children examined	361 (attendances 697)
Cases of enlarged Tonsils and Adenoids	225
Operations advised	193

Venereal Diseases

The number of new cases of suspected venereal disease resident in the burgh who attended local clinics during the year was as follows :—

Syphilis		Gonorrhoea		Chancroid		Other Venereal Conditions.		Non-Venereal Conditions.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
11	14	42	4	—	—	6	—	37	24

The total number of new cases dealt with at the clinics, including outside areas, was :—

18	18	69	5	1	—	6	—	51	26

The total number of cases dealt with at the clinics during the year (including those from outside areas, was as given below :—

97	116	92	11	5	—	8	—	57	32

Of the above figures the following left off attendance (a) before completion of treatment and (b) after completion of treatment, but before test of cure.

(a)	3	46	2	1	—	—	—	—	—	—
(b)	22	13	13	1	—	—	—	—	—	—

The staffing of the male clinic had been taken over by the Regional Hospital Board in 1948, but the female clinic continues to be served by medical officers of this department, by arrangement with the Board.

Considerable propaganda continued to be used in connection with this matter, posters being shown on hoardings and in public lavatories throughout the burgh and the dock area.

Arrangements were made to follow-up defaulters from treatment, by the staff of the department, on request from clinic medical officers.

Hospital Accommodation and Ambulance Arrangements

Cases of infectious disease requiring hospital treatment are still in the main admitted to Gateside Hospital although there is now, through the operations of the Regional Hospital Board, a better opportunity than heretofore of getting cases into other hospitals when the local hospital cannot admit. On the other hand Gateside Hospital is now admitting many cases from other districts and this to a considerable extent restores the balance.

The previous arrangement, whereby removal of patients suffering from infectious disease was carried out during office hours through the agency of this department, has been continued, to the mutual advantage of medical practitioners and the department, in so far as preliminary notification and request for removal are effected at the same time and prompt action can therefore be taken without delay.

The following cases from the burgh were removed to Gateside Hospital during the year :—

Disease.	Remaining 31/12/48	Admitted	Discharged	Died	Remaining 31/12/49
Scarlet Fever	29	360	351	—	38
Diphtheria	11	37	40	—	8
Dysentery	5	9	13	1	—
Enteric Fever	1	1	2	—	—
Acute Anterior Poliomyelitis	—	2	2	—	—
Erysipelas	—	1	1	—	—
Puerperal Fever	—	1	1	—	—
Epidemic Catarrhal Jaundice	—	1	1	—	—
Measles	—	23	23	—	—
Chickenpox	—	3	3	—	—
Whooping Cough	—	1	1	—	—
Tuberculosis	21	44	38	6	21
Pneumonia	1	2	3	—	—
Septic Throat	—	3	3	—	—
Bronchietasis	—	1	1	—	—
Pleural Effusion	—	1	1	—	—
Erythema Nodosum	—	1	1	—	—
Gastro Enteritis	—	2	2	—	—
Acute Bronchitis	—	1	1	—	—
Meningitis	—	1	1	—	—
Pyrexia of unknown origin	1	1	2	—	—
Pharyngitis	1	2	3	—	—
Tonsilitis	1	12	13	—	—
Diarrhoea	—	2	2	—	—
Malnutrition and anæmia	—	1	1	—	—
Quinsy	—	2	2	—	—
Gumboil and toothache	—	1	1	—	—
Adenitis	—	1	1	—	—
Vincent's Angina	—	1	1	—	—
Diphtheria Carrier	—	1	1	—	—
Nil	—	2	2	—	—
	71	521	518	7	67

The diagnosis shown above are the findings of the hospital staff.

In addition to the above two cases of chickenpox from the burgh were admitted to Belvidere Hospital and one of abdominal tuberculosis and one of dysentery to Ruchill Hospital, Glasgow.

Ambulance Arrangements.—

The fever ambulance continued to be based on Gateside Hospital and no difficulty was experienced in the prompt removal of cases. The transfer of this work to the general ambulance service, however, was under consideration at the end of the year.

Home Nursing

An agreement was concluded on 5th April, 1949, with the Greenock District Nursing Association whereby that body undertook to carry on the home nursing service on behalf of the Corporation for a period of two years.

During 1949, 1,016 cases were attended and 25,431 visits were made by the nursing staff while an adequate supply of nursing appliances was provided on loan to households requiring them. Three cars belonging to the Association were available, but there is still a difficulty about garage accommodation.

Registration of Nursing Homes

Under the Nursing Homes Registration Act, 1938, only the Glenville Nursing Home, Ravenscraig, is registered. Inspection was carried out during the year and conditions found to be satisfactory.

In addition three institutions were exempted from the provisions of the Act. These were :—Little Sisters' of the Poor, Medical Aid Home, and the Children's Convalescent Home.

Bacteriological Examinations

All specimens for investigation were examined at Hawkhead Emergency Laboratory, Paisley. Some of these were sent by this department and others by hospitals and medical practitioners in the burgh. The figures are as follows :—

Tuberculosis Clinic, ...	718
Gateside Hospital, ...	412
Larkfield Hospital, ...	407
General practitioners, ...	280
Ravenscraig Hospital, ...	227
Royal Infirmary, ...	145
Rankin Hospital, ...	94
Health Department, ...	44
Eye Infirmary	3
Ear, Nose and Throat Hospital, ...	1

Special measures by the laboratory and the use of express post have removed many of the previous difficulties of delay in receiving results and the service is now functioning more promptly and efficiently.

Port Sanitary Administration

During the year the routine arrangements continued whereby Greenock Port Authority administered the provisions of the Port Sanitary Regulations in relation to the shipping in the port.

The number of vessels boarded by the staff of the department was 131 as compared with 135 last year. In four instances where ships had arrived from infected ports the crew was mustered and medically inspected. Three cases of infectious disease were removed to hospital.

The goods carried in 47 ships included sugar, molasses, palm kernals, ground nuts, grain and general merchandise. Twenty-five ships docked for overhaul, 9 for bunkers, 18 for loading, while in addition 32 weather ships docked in the Great Harbour, which is their base.

A general examination of the crews living spaces was carried out in each ship and in most cases the sanitary condition was found to be satisfactory. In others defects were pointed out for appropriate action.

Deratization.—Every ship which entered the harbours was surveyed for rat infestation and during the year under review trapping was found necessary in 18 ships, 138 rats being recovered.

Nineteen of the ships had valid deratization certificates, 65 valid exemption certificates and 11 had certificates which were not valid (2 deratization and 9 exemption), while 4 had no certificate of any kind. In 8 cases certificates were issued and in 6 the ship sailed without renewal of the certificate. One ship, however, which had not a valid certificate, was in dock at the end of the year. The ocean weather service ships do not require certificates.

Five deratization certifications were issued, 3 after fumigation with hydrogen cyanide and two after trapping had been carried out. In addition 38 exemption certificates were issued. Including the 43 ships to which a certrficate of some sort was given were certain ships not mentioned above, for example, new ships, coasters and some which had arrived in the previous year. In addition certificates were also issued to certain ships whose current certificate was still valid.

Registration of the telegraphic address " Portelth Greenock " was renewed during the year.

Disinfection

The primary purpose of the Disinfecting Station is to render safe by disinfection, and in some cases washing, clothes which have been in contact with persons suffering from infectious disease.

Of late years, however, this function has been very greatly extended and the plant is now largely used to disinfect and wash articles of equipment used by the Health Department in its various activities, for example, office towels, home helps overalls, coats and sheets, etc., from clinics, bedding from premature baby cots and a large proportion of the clothing used in the Day Nursery.

This work is considered essential to the conduct of the department and some of the problems which arise would be almost impossible of solution by any other means.

The total number of articles dealt with was 22,773, as follows :—

General infectious disease	5,307
Tuberculosis	2,928
Vermin infestation	501
Scabies	241
Special cases (not infectious or parasitic)	114
Fire damage	57
Health department, general purposes	13,507
Destruction by request	118
Total	22,773

Of the above numbers 1,489 articles were disinfected by steam and 21,166 by disinfectant solution.

It will be seen that disinfectant solution is largely used while pressure steam disinfection is resorted to only where it is considered absolutely necessary.

The staff consists of a Station Disinfecting Officer, a boiler fireman and 2 washerwomen and the buildings provide a garage for the department's van and some storage accommodation.

Reception House

The Reception House is still retained as a useful part of the department's premises. It is looked after by a non-resident caretaker and is maintained in a state of partial preparedness as part of the arrangements to deal with sudden and unforeseen emergencies in relation to which temporary accommodation might be required for homeless people.

One room is let to a general practitioner as a consulting room.

Part of the building is also used as a Maternity and Child Welfare Clinic, and as a minor ailments clinic by the School Medical Service.

In the same curtilage is the Craigieknowes Toddlers' Playground, so that the buildings form a convenient unit for varied activities.

Welfare Service

With its first completed year stretching behind it the new welfare service is, measured in time, only in its infancy. After the eighteen months of its life, however, the lines of its development can be seen clearly, but, what is more important, the new service has come to be accepted publicly as an integral and important part of the social services.

The schemes for the accommodation of old people and for the welfare of the handicapped have of necessity proceeded little beyond the blue-print stage. Financial difficulties and the scarcity of suitable premises will, for some time to come, combine to delay the full development of the accommodation service but since this is largely experimental gradual advance will in any case be prudent. It is to be hoped that the report of the Advisory Council set up by the Secretary of State will soon be available to give local authorities clearer guidance in regard to some of their powers and opportunities to improve the welfare of the handicapped.

RESIDENTIAL ACCOMMODATION.

During the year the purchase of two large villas suitable for adaptation to accommodate approximately 60 persons was completed and the plans informally approved. Meanwhile the accommodation available in Craw Road Hospital, Paisley, which has undergone much improvement, was mainly utilised for the accommodation of old people and the general policy of placing handicapped persons in special voluntary Homes has been continued as the most practicable and likely to yield the best results.

Craw Road Hospital—Part III Accommodation.

	Age Groups.														Totals		Totals
	20/30		31/40		41/50		51/60		61/70		71/80		81/+				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M.	F.	
No resident at 31/12/48	—	3	—	1	—	2	1	1	1	7	6	2	1	—	9	16	25
Admissions	—	—	1	—	—	—	1	1	1	—	2	—	—	—	5	1	6
Discharges	—	—	—	1	—	—	2	—	—	—	—	—	—	—	2	1	3
Deaths	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2
Permanent transfers to hospital	—	—	—	—	—	—	—	—	—	1	2	—	—	—	2	1	3
Remaining at 31/12/49	—	3	1	—	—	2	—	2	2	6	4	2	1	—	8	15	23

During the year 12 transfers to hospital wards had to be arranged ; in three cases the patients were in hospital at the end of the year and have been regarded as permanently transferred and in another two cases death occurred while in hospital. The number of in-patient days in the other cases were 21, 21, 58, 22, 6, 6 and 26. The majority of cases were therefore resident throughout the whole of the year and did not require medical attention at any time.

In two cases short absences of 5 and 15 days were allowed to enable residents to visit friends.

Other Homes.

Cunninghame Home—Two cases, both handicapped persons, continued to be chargeable throughout the year.

Epileptic Colony, Bridge of Weir—Four cases were placed, three of whom were resident for the whole period.

Cairnhill Home, Airdrie—Two aged blind men were resident here for the whole of the year.

Lansdowne House, Glasgow—Two cases were accommodated for four months each.

Seventeen claims were received from other local authorities in Britain, four of which were refused and in six cases the chargeability was a temporary one. At the end of the year the following cases continued to be chargeable :—

Foresthall, Glasgow	3
Crookston Homes, Glasgow	2
Craw Road Hospital, Paisley	2

Temporary Accommodation, etc.

Three homeless families were accommodated during the year by admisson to Craw Road Institution ; the average stay was twenty days.

Three fires took place in dwelling houses and in each occasion several tenants were affected to such an extent that they required assistance from the resources of the department in order to render their homes habitable.

Welfare Services for Handicapped Persons.

As has already been observed no appreciable development has taken place in this branch of the work pending clearer guidance from the Central Department as to the respective responsibilities of Local Authority, Ministry of Labour and Education Authority. The proposed scheme for the establishment of a " Remploy " factory is still in the planning stage.

Steps have continued to be taken, however, to survey the area in order to estimate the needs and particular cases have been dealt with in isolation as these came to notice.

Blind Persons.

During the year ended 31st March, 1950, nine persons were certified as blind by ophthalmic surgeons attached to the Regional Clinic in Glasgow, as follows :—

Probable year of onset.	Age at Registration.																		Tot.		Totals
	0/2		3/4		5/15		16/17		18/29		30/39		40/49		50/69		70+				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Prior to 1946	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
1947	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	2	3
1948	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2	1	3
1949	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
Totals	—	1	—	—	—	—	—	—	1	—	—	—	—	—	2	1	2	2	5	4	9

The causes of blindness in these cases were :—choroidal degeneration ; senile choroiditis ; angiospasm, optic atrophy, eye injury, cataract ; glaucoma, cataract, aphakia ; myopia, irido-cyclitis ; congenital nystagmus, optic atrophy ; anophthalmos ; glaucoma ; glaucoma, cataract, phthisis bulbi.

Sex and age analysis of Blind Persons on Register at end of year :—

	Age Groups.									Totals
	0/2	3/4	5/15	16/17	18/29	30/39	40/49	50/69	70+	
Males	—	—	—	—	5	2	6	24	32	69
Females	1	—	2	—	3	7	3	27	29	72
Totals	1	—	2	—	8	9	9	51	61	141

The three children under the age of 16 are in attendance at schools. This is an increase of one over the previous year the new case being admitted to St. Vincent's R.C. School, Glasgow.

Of the 138 adult blind persons, 7 males and two females are qualified employees at the worshops of the Royal Glasgow Asylum for the blind one having completed her apprenticeship during the year, three are serving apprenticeships one being a newly registered case. The occupations of these 12 persons are as follows :—brush making, 4 ; bedding making, 3 ; basket making, 2 ; mat making, 1 ; wire working, 1 ; cane furniture making, 1. One man, a music teacher, is employed as a home worker.

Three other adults are probably trainable for work in a sheltered workshop, but for various personal reasons they find themselves unable to take advantage of the facilities available. A further two females are probably untrainable for this purpose, but might be employed in some other capacity. One is completing practice as a blind telephonist.

The home teaching and other domiciliary welfare services for blind persons are carried out by the Outdoor Mission to the Blind for Glasgow and the West of Scotland on behalf of the Corporation. This service continued to operate satisfactorily, but at the close of the year the arrangements were under careful review with the object of effecting some improvements.

Deaf Persons.

The welfare of deaf persons has been largely delegated to the Greenock and District Mission to the Deaf who received a substantial grant from the Corporation. The Mission carried out religious, recreational, cultural and occupational activities from which the majority of deaf persons in the town benefitted.

Other Services.

The Medical Officer of Health and the Welfare Officer were appointed by the Corporation to inspect local premises used for the purpose of a Disabled Persons' or Old Persons' Home. The Homes of the Greenock Medical Aid Society, The Little Sisters of the Poor and Sir Gabrial Wood's Trust were visited and found to be satisfactorily conducted.

Registration, etc., of Disabled Persons and Old Persons' Homes.

During the year the Home of the Greenock Medical Aid Society was registered by the Corporation.

Registration of Charities for Disabled Persons.

An application for the registration of the Greenock Morton Blind Football Fans Club was, after careful consideration by the Welfare Committee, refused.

Removal of persons in need of care and attention.

Proceedings were instituted in two cases, but were withdrawn after the persons concerned had been persuaded to enter hospital voluntarily.

Protection of property of persons admitted to hospital.

In three cases which came to notice steps were taken to adequately protect property ; it was not necessary to store furnishings, etc.

Interments.

During the year fourteen persons were interred by the Department, the majority of whom were aged persons who died in Ravenscraig General Hospital without next-of-kin ; recovery of funds available from the Ministry of National Insurance and from Life Assurance Companies was effected wherever possible.

Food Supply

MILK AND DAIRIES.—There are 7 registered cow sheds in the Burgh with accommodation for 173 cows. These were on the whole well conducted and satisfactorily maintained. In addition three cow sheds were exempt from registration.

Milk Dealers' licences were granted during the year as follows :—certified milk, 46 ; tuberculin tested milk, 45 ; pasteurised milk, 51. In addition 6 producer licences for tuberculin tested milk and 3 pasteurisers' licences were also issued while two establishments held licences entitling them to bottle tuberculin-tested milk.

There are 84 registered dairies in the Burgh. These were frequently inspected and in general were found to be well kept. The methods of handling were, in the main, satisfactory and a check was maintained by bacteriological examination of samples.

Samples taken from local producers numbered 40 and of these 5 were found to be unsatisfactory owing to the presence of B.coli.

The number of samples taken from other sources totalled 451 as follows :—school and school kitchens, 90 ; hospitals, institutions, etc., 36 : canteens, 2 ; wholesale dealers' premises and vehicles. 110 ; retailers' premises, 92 ; outside producers retailing in the Burgh, 8 ; outside producers supplying wholesale retailers, 113.

Further details of these samples were as follows :—

Designation of milk	No. of Samples	No. Satis.	No. Unsat.	Unsatisfactory by reason of :—				
				High Bact. Count	Coli-fom Bacilli	Meth. Blue Test	Phos-phat-ase test	2 or more tests
Certified ...	16	11	5	—	4	—	—	1
Tuberculin-tested	183	120	63	25	14	—	—	24
Pasteurised	142	126	16	—	7	—	4	5
Ordinary	110	79	31	6	4	7	—	14
Total	451	336	115	31	29	7	4	44

Control of the cleanliness of milk bottles was aimed at by 20 bacteriological examinations, 15 of which were found to be satisfactory.

The laboratory in the Sanitary Department dealt with 131 samples of pasteurised milk and two of these were found to be unsatisfactory, one because of the phosphatase test and the other failing to pass the methylene blue test.

Thirty-five samples of milk were submitted for biological examination, and all of these gave negative results.

No cases of infectious disease were known to have been connected with the burgh's milk supply during the year.

Ice Cream.—A very great amount of useful work was carried out by the Sanitary staff in connection with the Ice Cream Regulations. There has been marked activity among the manufacturers of this important product and considerable enthusiasm to improve existing premises, the latter inclined at times to lead to somewhat precipitate action. On the whole, however, the work has gone satisfactorily although hindered on occasion by the prevailing controls.

At the end of the year registration had been granted in respect of six establishments for storage and sale and of four vehicles for the sale of ice cream, but there had been no registration in respect of premises for the manufacture of the product.

Samples were taken for bacteriological examination with the following results :—

Number of Samples Taken	Number Satis.	Number Unsatis- factory	Unsatisfactory by reason of :		
			High Bacterial Count	Coliform Bacilli	Bacterial Count and Coliforms
77	49	28	16	3	9

FOOD POISONING.—No definite outbreak of food poisoning occurred within the burgh. It is, of course, possible that small outbreaks of minor degree may have happened but no definite evidence has been available. It is only when the disease involves a number of persons and produces incapacity that information comes to this department. Compulsory notification such as is in force in England, would certainly give more information and a better opportunity of investigation.

NUTRITION.—From the information available there seems little doubt that the nutritional condition of the population has been adequately maintained again this year.

The uptake of Welfare Foods still remains unsatisfactory.

Meat Inspection

Mr. George McNeil, Superintendent of the Abattoir, has kindly supplied the following information regarding the work carried out there during the year ended 15th May, 1950.

Number and Type of Animal Slaughtered.

CLASS	Number slaughtered	Number affected with Tuberculosis	Percentage affected with Tuberculosis	Whole carcases seized for Tuberculosis	Parts of Carcases seized for Tuberculosis	Whole Carcases seized for diseases other than Tuberculosis	Parts of Carcases seized for diseases other than Tuberculosis
Bullocks	2,717	186	6.8	—	32	—	13
Bulls	69	6	8.7	—	1	1	2
Cows	871	196	22.5	11	29	13	30
Heifers	1,222	71	5.8	—	8	2	29
Swine	2,085	57	2.7	2	—	2	5
Sheep	27,822	—	—	—	—	43	19
Calves	1,144	—	—	—	—	18	1
Total	35,930	516	1.4	13	70	79	99

The following is the list of conditions which were responsible for the total or partial seizure of carcases :—

Total Seizures.—Tuberculosis, 13 ; pyrexia, 30 ; decomposition, 4 ; emaciation, 32 ; pyæmia, 4 ; dropsy, 6 ; enteritis, 1 ; peritonitis, 1 ; osteomalacia, 1.

Partial Seizures.—Tuberculosis, 70 ; abscesses, 9 ; injuries, 61 ; arthritis, 1 ; parasitic, 3 ; melanosis, 2 ; adhesions, 17 ; diamonds, 2 ; actinomycosis, 2 ; pelvic contamination, 1 ; osteomalacia, 1.

The approximate weight of meat and organs destroyed during the year was 25 tons, 14 cwts., 11 lb.

Routine inspection of butchers' shops and cold stores was as formerly carried out by the staff and all the tinned meat supplied locally as part of the meat ration passed through the slaughter-house, where a thorough examination was made. No problems of particular difficulty were encountered during the year.

Cysticercus Bovis Infection.

The occurrence of this parasite, previously seldom seen, has been noted in Greenock in common with other districts in Scotland. It affects chiefly the muscles of the jaw, but the total number of carcases in which it is found is comparatively small. Appropriate measures have been taken in each case.

Housing and Town Planning

HOUSING.

New Houses.—There were erected and occupied during the year 398 new dwelling houses sited as follows :—

Larkfield, 233 permanent (Scottish Special Housing Assoc.).
South Maukinhill, 81 permanent (B.I.S.F.)'
Upper Bow Farm, 75 permanent (aluminium).
North Maukinhill, 9 temporary.

Twenty-two dwelling houses were also rebuilt at Strone Farm Scheme on the site of those destroyed in the air raids of 1941.

Togo House, originally a dwelling house, later a maternity hospital, and thereafter a civil defence depot, was converted into four flats, two of two and two of three apartments. These were occupied during the year by four families comprising thirteen persons.

Unfit Houses.—Representation under the Housing Acts was made in respect of 40 dwelling houses contained in nine properties. In all 11 dwelling houses, the subjects of undertakings, were closed, 2 families comprising 13 persons being re-housed directly and 7, containing 21 persons, indirectly. The remaining two dwelling-houses were unoccupied at the time of representation.

Decrowding.—Families to the number of 381 (301 tenants and 80 sub-tenants comprising 2,582 persons) were rehoused in new houses, an illness factor existing in 95 of them (79 tenants and 16 sub-tenants).

In addition 15 houses were allocated, under the heading of general housing, chiefly to families of key workers who had previously been given temporary accommodation until permanent housing became available while two families were rehoused direct from unfit houses.

The rebuilt dwellings mentioned above were used for de-crowding 22 familes in 8 of which there existed an illness factor. The total number of persons displaced was 146.

Re-lets.—One hundred and eighty seven dwelling houses were made available for re-letting during the year, the number of persons displaced being approximately 828.

1949 Survey.—A survey of the housing conditions was carried out by the sanitary staff during the year and entailed a very large volume of work.

A special report has been issued by the Chief Sanitary Inspector on this survey, but a few interesting points are included here :—

(*a*) Number of houses in the burgh 19,780

1 apartment,	1,201	4 apartments,	2,686
2 ,,	6,799	5 ,,	1,133
3 ,,	7,043	6 ,,	918

(*b*) Number of Corporation houses 6,267

1 apartment,	167	4 apartments,	1,298
2 ,,	993	5 ,,	250
3 ,,	3,542	6 ,, and over	17

(*c*) Sub-letting of dwelling houses 3,107

Local authority houses	964
Privately owned houses . ..	2,143

(*d*)	Overcrowding of fit houses.	
	(i) on 1935 standard of occupation	2,800
	(ii) on 1944 suggested standard	6,247
(*e*)	Unfit houses	3,782

1 apartment,	457	4 apartment	627
2 ,,	865	5 ,,	116
3 ,,	1,703	6 ,, and over	14

(*f*)	Houses required for all purposes	6,543

1 apartment	nil	4 apartment	2,379
2 ,,	nil	5 ,,	845
3 ,,	2,964	6 ,,	355

This number would leave a surplus of 507 houses of two apartments vacant.

Environmental Conditions.—Many air raid shelters remain unsatisfactory from every point of view and approximately 120 require to be cleaned and closed to remove actual or potential nuisance throughout the burgh. Active measures are being taken to get agreement to have this necessary work carried out.

TOWN PLANNING.

The following information was kindly supplied by the Master of Works :—

Control of Development.

This work has involved the investigation of some 150 applications for planning consent in respect of residential, commercial and industrial development. In one case only has the Corporation's decision been challenged, and an appeal presently rests with the Department of Health.

Development Plan.

It has been necessary to make extensive revisions of ordinance sheets preparatory to making the final development plan, the structure of which is defined in the Mears Report. A draft development plan for the central area has been prepared and deposited with the Department of Health. In this connection an investigation into certain aspects of the report has been carried out and is proceeding at the present time, mainly in connection with the alignment of new roads, area for industrial development, housing and commercial areas. Plans and data have been prepared of the Dunrod extension to the Burgh boundary.

The floor space index survey of the Station Avenue area is shortly to be undertaken and this will be a guide as to the type of development required in this area and the new line of Dalrymple Street from Rue End Street westwards.

General.

A very large survey is being carried out in the east end with a view to eliminating the rail track at Scott's Shipyard and this matter will form the subject of a report by the Harbour Engineer, Railway Engineer, and the Master of Works, in due course.

A survey of the Cottonmill Row area is proceeding, and it is anticipated that a layout plan will be completed before long.

Water Supply

The following information has been kindly provided by the Water Engineer.

A full supply of water for domestic, trade and mill power purposes was maintained throughout the year. The minimum supply available was on 8th October, when the water in store in the various reservoirs amounted to 111 days, for all purposes. Quarterly chemical analyses of water taken from the various sources were made by the Public Analyst and these were found to be satisfactory. The quantity used for domestic purposes during the year was 49.8 gallons per head per day.

Chlorination of the whole supply at the filters was continued throughout the year and fortnightly samples collected by the Sanitary Inspector were sent for bacteriological examination. The results were almost invariably classified as highly satisfactory but the water before chlorination could not always be said to be free from indications of possible pollution. Fortnightly tests for the amount of available chlorine in the supply were also made but the results of these varied considerably throughout the year.

Meteorology

The following information has also been supplied by the Water Engineer.

The rainfall during the year as gauged at Prospecthill Water Works amounted to 68.69 inches against 83.52 inches during 1948 while the mean rainfall for sixty years (1890 to 1949 inclusive) at the same station amounted to 62.35 inches.

Bright sunshine during the year amounted to 1,307.2 hours as against 1,196.5 hours during 1948.

Sewage, River Pollution and Nuisances

The Master of Works has also provided the following information :—

Serious collapses of the 30″ sewer occurred in Inverkip Street, Baker Street and Kilblain Street during the year, but repair work, although attended in one case by considerable difficulty, did not seriously interfere with the drainage facilities of the burgh. In this connection it was interesting to record the use of a sewer detecting apparatus evolved by the radio staff of the Watt School and the Master of Works Department.

In addition to the above major operations a large amount of repair work was done on sewers and in the cleansing and culverting of burns.

The Kip Valley Sewerage Scheme was formally opened on 3rd December, and by its completion adequate drainage facilities are now available for the Larkfield, Ravenscraig, Flatterton and Auchmead area in which local authority houses have been or are going to be built. This sewer is four miles long and varies in diameter from 18 to 30 inches at its outfall at Ardgowan Point, Inverkip. Prior to discharge into the Firth under a minimum water cover of not less than 10 feet and some 400 feet below high water level, the sewage passes through a comminutor which macerates the solid material thus ensuring more rapid dispersal into the waters of the firth with quicker oxygenation and reducing the possibilities of solid matters being washed back on to the beach.

This Sewer will allow of still further housing development in the Kip Valley.

During the year there was no complaint of rivers pollution nor was any medical certificate in connection with nuisances required.

Factory Acts

The number of factories registered at the end of the year was 598.

Visits of inspection were made to 225 mechanical and 224 non-mechanical factories and 56 notices were issued regarding the necessity for sanitary action.

Two lists containing 340 names of outworkers were received and 123 intimations with 229 names were issued to other authorities.

Health Education

In the main the educational campaign was conducted on the same lines as in former years.

No large meeting, however, was held, but the various guilds and clubs in the town were offered facilities for their own meetings, namely, a film show and a lecture on a subject of their own choice, arranged by the Scottish Council for Health Education, and three meetings of this kind were held in addition to the meeting at which the scheme was inaugurated and explained.

An intensive drive for diphtheria immunisation was again carried out in the autumn, but although the results were not dramatic the campaign certainly bore fruit in due course.

The Medical Officer's Bulletin was continued during the year.

Again the health visitors of the department put in a large amount of valuable work in general health education.

As noted elsewhere two meetings were held for members of the retail food trade on the subject of food handling, one a lecture on general principles and one specifically on the handling of milk and ice cream. These lectures were given by Dr. Mearns, through the agency of the Scottish Council for Health Education.

TABLE I—VITAL STATISTICS

(A) Births, Deaths and Marriages.—

	Numbers Registered in District	Transfers		Corrected Number		
		Out	In	Both Sexes	Males	Females
Total Births .... (incl. Illegitimate)	1,641	33	42	1,650	853	797
Illegitimate Births ...	62	1	7	68	33	35
Stillbirths	49	2	1	48	27	21
Marriages	628	—	—	—	—	—
Deaths	1,092	137	47	1,002	551	451

(B) Deaths and Death-rates in Age Groups.—

AGES	Population estimated at Mid-year by M.O.H.	Number of Deaths	Percentage of Total Deaths	Death-rate per 1,000 of the population	Average Death-rate per 1,000 of population during preceding 5 years
Under 1 year	1,419	85	8.48	59.90	67.52
From 1—4 years	5,748	12	1.20	2.08	3.30
,, 5—9 ,,	6,678	8	0.80	1.19	1.41
,, 10–14 ,,	6,666	9	0.90	1.35	1.37
,, 15–24 ,,	13,196	35	3.49	2.65	3.61
,, 25–34 ,,	12,012	42	4.19	3.49	3.54
,, 35–44 ,,	11,093	43	4.29	3.87	5.16
,, 45–54 ,,	9,158	91	9.08	9.93	10.69
,, 55–64 ,,	6,797	151	15.07	22.21	26.61
,, 65–74 ,,	4,594	278	27.75	60.51	68.63
,, 75–84 ,,	1,527	199	19.86	130.32	171.40
,, 85 and over	208	49	4.89	235.57	254.78
Total	79,096	1,002	100.00	12.66	12.82

The age group population figures given above are based on this occasion on the results of a local survey carried out by the Chief Sanitary Inspector.

TABLE II.—CAUSES OF DEATH (Corrected for Transfers)—REGISTRAR GENERAL, 1949.

CAUSES OF DEATH	ALL AGES			AGE											
	Both Sexes	Males	Females	—1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 and over
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria, ...	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System, ...	89	51	38	4	1	2	—	19	24	15	12	10	1	1	—
Other Forms of Tuberculosis, ...	10	3	7	1	2	2	2	1	1	—	—	1	—	—	—
Syphilis, ...	5	3	2	—	—	—	—	—	—	—	1	1	2	1	—
Influenza, ...	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Measles, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infectious or Parasitic Diseases, ...	3	1	2	—	—	—	—	—	1	—	—	1	1	—	—
Cancer, Malignant Tumours, ...	154	80	74	—	—	—	—	—	4	5	22	35	69	19	—
Tumours, non-malignant or not defined, ...	2	1	1	1	—	—	—	—	—	1	—	—	—	—	—
Acute Rheumatism, ...	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Diabetes Mellitus, ...	3	—	3	—	—	—	—	—	—	—	—	—	2	1	—
Other General Diseases, ...	8	3	5	1	—	—	—	1	—	—	—	—	4	2	—
Meningitis, Diseases of Spinal Cord, ...	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Cerebral Haemorrhage, etc., ...	102	49	53	—	—	—	—	2	—	2	7	13	41	33	4
Other Diseases of Nervous System, ...	22	13	9	2	1	—	1	—	1	2	8	5	1	1	—
Heart Disease, ...	276	147	129	—	—	—	3	6	4	5	18	50	85	81	24
Other Circulatory Diseases, ...	19	14	5	—	—	—	—	—	—	—	1	—	8	9	1
Bronchitis, ...	38	28	10	—	—	—	—	—	—	3	4	11	10	6	4
Pneumonia, ...	44	21	23	19	2	1	—	—	1	1	—	1	6	12	1
Other Respiratory Diseases, ...	14	10	4	1	—	—	—	—	1	1	2	2	5	—	2
Gastric and Duodenal Ulcer, ...	4	2	2	—	—	—	—	—	—	—	—	1	2	—	1
Diarrhoea (all ages), ...	9	5	4	5	2	—	—	—	—	—	—	—	—	1	1
Appendicitis, ...	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Cirrhosis of Liver, ...	7	6	1	—	—	—	—	—	—	1	2	1	3	—	—
Other Diseases of Liver, ...	4	2	2	—	—	—	—	—	—	—	1	—	2	1	—
Other Digestive Diseases, ...	8	1	7	—	1	—	—	—	2	—	1	3	1	—	—
Nephritis, Acute and Chronic, ...	20	13	7	—	—	—	1	—	—	4	4	4	5	2	—
Other Diseases of Genito-urinary System, ...	18	16	2	—	—	—	—	—	—	—	—	2	10	6	—
Puerperal Sepsis, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Puerperal Causes, ...	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—
Diseases of Skin and Organs of Movement, ...	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Congen. Deb., Prem. Birth, Malformations, etc.,	49	27	22	47	1	—	—	—	—	1	—	—	—	—	—
Old Age, ...	18	7	11	—	—	—	—	—	—	—	—	—	—	10	8
Suicide, ...	3	1	2	—	—	—	—	—	—	—	1	1	1	—	—
Road Transport Accidents, ...	9	8	1	—	—	2	1	2	1	—	1	—	2	—	—
Other Violence, ...	22	12	10	3	1	1	—	3	1	1	1	—	5	5	1
Causes, Ill-defined or Unknown, ...	35	23	12	1	—	—	—	—	1	—	4	8	12	7	2
ALL CAUSES,	1,002	551	451	85	12	8	9	35	42	43	91	151	278	199	49

TABLE III.—CAUSES OF DEATH (Public Health Districts)—MEDICAL OFFICER OF HEALTH, 1949.

CAUSES OF DEATH	District												Total			Death-rate per 1,000 of Population
	A.			B.			C.			D.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Enteric Fever (including Paratyphoid),	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Cerebro-spinal Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Scarlet Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Whooping Cough,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Diphtheria,	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	0.013
Tuberculosis of Respiratory System,	10	15	25	22	11	33	6	3	9	13	9	22	51	38	89	1.125
Other Forms of Tuberculosis,	1	2	3	1	3	4	—	2	2	1	—	1	3	7	10	0.126
Syphilis,	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	0.013
Influenza,	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1	0.013
Measles,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Other Infectious or Parasitic Diseases,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Cancer, Malignant Tumours,	12	5	17	30	24	54	23	18	41	15	26	41	80	73	153	1.934
Tumours, non-malignant or not defined,	—	—	—	1	1	2	2	—	2	—	1	1	3	2	5	0.063
Acute Rheumatism,	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	0.013
Diabetes Mellitus,	—	1	1	—	—	—	1	2	3	—	—	—	1	3	4	0.051
Other General Diseases,	1	—	1	—	3	3	1	1	2	1	1	2	3	5	8	0.101
Meningitis, Diseases of Spinal Cord,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Cerebral Haemorrhage, etc.,	11	9	20	14	19	33	11	13	24	16	20	36	52	61	113	1.429
Other Diseases of Nervous System,	2	3	5	6	1	7	1	—	1	2	4	6	11	8	19	0.240
Heart Disease,	22	19	41	53	26	79	25	23	48	25	37	62	125	105	230	2.908
Other Circulatory Diseases,	7	3	10	10	8	18	8	5	13	10	7	17	35	23	58	0.733
Bronchitis,	7	1	8	10	4	14	5	2	7	5	3	8	27	10	37	0.468
Pneumonia,	4	3	7	8	9	17	4	8	12	5	3	8	21	23	44	0.556
Other Respiratory Diseases,	2	1	3	2	2	4	5	—	5	1	1	2	10	4	14	0.177
Gastric and Duodenal Ulcer,	—	—	—	2	—	2	—	1	1	—	1	1	2	2	4	0.051
Diarrhoea (all ages),	2	—	2	2	—	2	1	3	4	—	1	1	5	4	9	0.114
Appendicitis,	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1	0.013
Cirrhosis of Liver,	—	1	1	2	—	2	—	—	—	2	—	2	4	1	5	0.063
Other Diseases of Liver,	1	—	1	—	—	—	1	1	2	1	1	2	3	2	5	0.063
Other Digestive Diseases,	1	2	3	—	2	2	—	2	2	—	1	1	1	7	8	0.101
Nephritis, Acute and Chronic,	3	2	5	2	2	4	2	1	3	2	1	3	9	6	15	0.190
Other Diseases of Genito-urinary System,	7	—	7	5	1	6	3	1	4	2	—	2	17	2	19	0.240
Puerperal Sepsis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Other Puerperal Causes,	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	0.013
Diseases of Skin and Organs of Movement,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.000
Congen. Deb., Prem. Birth, Malformations, etc.,	7	5	12	8	5	13	4	7	11	8	5	13	27	22	49	0.620
Old Age,	1	—	1	4	3	7	1	3	4	3	7	10	9	13	22	0.278
Suicide,	—	—	—	1	—	1	—	1	1	—	1	1	1	2	3	0.038
Road Transport Accidents,	5	1	6	1	—	1	—	—	—	—	—	—	6	1	7	0.088
Other Violence,	6	—	6	5	5	10	1	4	5	3	1	4	15	10	25	0.316
Causes, Ill-defined or Unknown,	5	2	7	13	3	16	4	2	6	6	6	12	28	13	41	0.518
ALL CAUSES,	117	76	193	204	133	337	109	105	214	121	137	258	551	451	1,002	12.668

TABLE IV.—POPULATION AND PRINCIPAL RATES PER 1,000—REGISTRAR GENERAL—1881-1949.

Year	Population	Death-rate	Birth-rate	Infantile Mortality Rate	Tuberculosis Death-rate	
					Pulmonary	Non-Pulmonary
1881-1890	**71,826**	**20.55**	**35.09**	**133**	**2.19**	**0.83**
1891-1895	**62,732**	**21.09**	**33.47**	**139**	**1.82**	**0.63**
1896-1900	**63,894**	**20.04**	**32.96**	**137**	**1.83**	**0.74**
1901	68,264	19.45	29.84	132	1.46	0.90
1902	68,756	19.85	31.74	122	1.81	0.94
1903	69,252	18.93	29.56	144	1.68	0.80
1904	69,749	17.65	30.09	123	1.20	0.93
1905	70,253	18.78	30.49	116	1.31	1.05
1901-1905	**69,254**	**18.93**	**30.34**	**127**	**1.49**	**0.92**
1906	70,758	17.89	32.21	127	1.34	1.25
1907	71,269	17.79	30.25	104	1.54	1.08
1908	71,783	17.00	30.31	118	1.21	1.12
1909	73,214	15.01	26.73	95	1.09	1.09
1910	74,667	18.87	28.85	129	1.16	0.96
1906-1910	**72,338**	**17.31**	**29.67**	**114**	**1.26**	**1.10**
1911	75,028	18.44	30.73	113	1.50	0.95
1912	76,337	18.70	31.30	119	1.44	1.02
1913	77,156	18.22	31.03	116	1.47	0.86
1914	77,642	18.04	32.84	108	1.00	0.91
1915	77,695	20,14	29.49	145	1.15	0.91
1911-1915	**76,771**	**18.70**	**31.07**	**120**	**1.39**	**0.93**
1916	78,642	17.10	29.20	109	1.42	0.75
1917	79,299	15.10	26.88	92	1.28	0.83
1918	79,574	17.88	26.52	110	1.10	0.82
1919	79,613	17.25	28.73	99	0.94	0.59
1920	80,436	16.51	33.34	104	1.06	0.69
1916-1920	**79,512**	**16.76**	**28.93**	**102**	**1.16**	**0.73**
1921	81,120	14.59	30.15	93	1.01	0.54
1922	81,370	19.17	26.78	149	1.03	0.68
1923	81,522	12.94	27.04	77	0.99	0.54
1924	82,096	15.22	24.16	113	1.00	0.44
1925	81,200	14.32	24.54	107	0.85	0.52
1921-1925	**81,461**	**15.24**	**26.71**	**107**	**0.97**	**0.54**
1926	81,558	13.74	23.87	90	0.98	0.34
1927	80,889	13.26	22.17	89	0.87	0.44
1928	79,204	15.74	24.05	120	0.80	0.34
1929	81,844	15.57	22.22	111	1.04	0.26
1930	79,223	14.20	23.83	96	0.88	0.30
1926-1930	**80,543**	**14.50**	**25.22**	**101**	**0.91**	**0.33**
1931	79,012	13.50	23.40	78	0.90	0.30
1932	79,387	14.63	21.47	121	0.66	0.36
1933	79,486	15.03	20.60	108	0.88	0.18
1934	79,605	12.90	20.86	89	0.79	0.21
1935	79,980	13.85	21.16	92	0.76	0.09
1931-1935	**79,494**	**13.98**	**21.49**	**97**	**0.79**	**0.22**
1936	80,524	13.73	20.29	101	0.63	0.28
1937	80,957	15.60	21.60	97	1.01	0.31
1938	81,297	12.81	20.24	75	0.79	0.30
1939	81,366	13.43	20.30	88	0.93	0.17
1940	79,629	15.27	19.7	82	0.92	0.30
1936-1940	**80,754**	**14.16**	**20.42**	**88**	**0.85**	**0.27**
1941	77,000	14.84	18.8	90	1.17	0.31
1942	74,300	13.95	20.1	104	1.15	0.33
1943	73,205	14.22	21.0	80	0.75	0.21
1944	73,378	13.50	20.5	81	0.94	0.46
1945	73,288	13.29	18.6	74	0.98	0.29
1941-1945	**74,234**	**13.96**	**19.8**	**85**	**0.99**	**0.32**
1946	75,231	12.9	20.7	62	0.96	0.14
1947	79,377	12.8	23.8	64	1.11	0.30
1948	79,470	11.7	21.2	61	1.23	0.19
1949	79,096	12.7	20.9	52	1.13	0.12

TABLE V.—SOURCES OF NOTIFICATIONS OF INFECTIOUS DISEASES, 1949.

DISEASE	By Whom Reported							TOTAL
	House-holders	House-holders and Doctors	Doctors	Public Health Officers	School Medical Officer	Registrars	Health Visitors	
Pneumonia	—	1	45	—	—	11	—	57
Enteric Fever	—	—	1	—	—	—	—	1
Diphtheria	—	—	37	—	—	—	—	37
Scarlet Fever	—	1	367	—	—	—	—	368
Peurperal Fever	—	—	1	—	—	—	—	1
Puerperal Pyrexia	—	—	5	—	—	—	—	5
Erysipelas	—	1	13	—	—	—	—	14
Acute Anterior Poliomyelitis	—	—	2	—	—	—	—	2
Malaria	—	—	1	—	—	—	—	1
Dysentery	—	—	12	—	—	—	—	12
Epidemic Catarrhal Jaundice	—	2	3	—	—	—	—	5
Measles	1,131	—	23	—	—	—	—	1,154
Chickenpox	172	—	5	—	—	—	—	177
Whooping Cough	190	—	1	—	3	—	—	194
Mumps	29	—	—	—	—	—	—	29
Ophthalmia Neonatorum	—	—	2	—	—	—	1	3
Total	1,522	5	518	—	3	11	1	2,063

TABLE VI.—MONTHLY INCIDENCE OF INFECTIOUS DISEASES, 1949.

MONTH	Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Puerperal Pyrexia	Pneumonia	Malaria	Dysentery	Epidemic Catarrhal Jaundice	Acute Anterior Poliomyelitis	Chickenpox	Measles	Whooping Cough	Mumps	Ophthalmia Neonatorum	TOTAL
January	3	2	24	—	—	1	11	—	3	1	—	19	8	1	6	1	80
February	—	—	17	—	—	—	5	—	1	—	—	10	6	1	3	—	43
March	6	1	14	—	—	3	7	—	—	2	—	18	6	3	3	—	63
April	1	4	18	—	—	—	4	—	—	1	—	5	56	3	2	2	96
May	4	1	13	—	—	1	2	—	—	—	1	21	553	2	2	—	600
June	1	2	47	—	—	—	3	—	—	—	—	32	390	3	6	—	484
July	2	—	17	—	—	—	1	—	—	—	—	15	54	1	—	—	90
August	7	1	21	—	—	—	7	—	2	—	—	15	16	35	—	—	104
September	2	—	45	1	—	—	1	—	1	—	1	6	11	12	2	—	82
October	4	2	65	—	—	—	5	1	4	1	—	10	28	45	—	—	165
November	1	1	49	—	—	—	4	—	1	—	—	8	19	40	3	—	126
December	6	—	38	—	1	—	7	—	—	—	—	21	7	48	2	—	130
TOTAL	37	14	368	1	1	5	57	1	12	5	2	180	1,154	194	29	3	2,063

TABLE VII.—DISTRICT INCIDENCE OF INFECTIOUS DISEASES WITH NUMBER REMOVED TO HOSPITAL, 1949.

DISTRICT	CASES	Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Puerperal Pyrexia	Pneumonia	Malaria	Dysentery	Epidemic Catarrhal Jaundice	Acute Anterior Poliomyelitis	Chickenpox	Measles	Whooping Cough	Mumps	Ophthalmia Neonatorum	TOTAL
A	Ascertained	6	3	84	1	—	2	11	—	6	1	—	37	269	48	8	2	478
	Removed	6	—	81	1	—	—	1	—	6	—	—	1	6	—	—	—	102
B	Ascertained	8	4	119	—	1	2	18	—	2	1	1	61	363	68	9	1	658
	Removed	8	—	117	—	1	—	—	—	1	1	1	1	4	—	—	—	134
C	Ascertained	3	3	77	—	—	—	12	1	1	1	1	35	237	27	12	—	410
	Removed	3	—	77	—	—	—	—	—	1	—	1	—	6	—	—	—	88
D	Ascertained	20	4	87	—	—	1	16	—	3	2	—	46	285	51	—	—	515
	Removed	20	1	84	—	—	—	—	—	3	—	—	2	7	1	—	—	118
SHIPS	Ascertained	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2
	Removed	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2
TOTAL	Ascertained	37	14	368	1	1	5	57	1	12	5	2	180	1,154	194	29	3	2,063
	Removed	37	1	360	1	1	—	1	—	11	1	2	5	23	1	—	—	444

TABLE VIII.—INFECTIOUS DISEASES RATES—1900-1949.

YEAR	SCARLET FEVER			DIPHTHERIA			MEASLES			WHOOPING COUGH		
	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.
1900	2.55	0.17	6.93	1.19	0.40	34.56	5.48	0.13	2.41	9.42	1.09	11.58
1901	7.92	0.42	5.36	8.93	0.17	19.67	0.82	0.35	3.24	1.87	0.36	19.53
1902	7.79	0.85	11.00	1.06	0.43	41.09	26.44	0.49	1.87	1.26	0.13	10.34
1903	2.33	0.11	4.93	0.54	0.12	23.68	0.66	0.02	4.34	6.55	1.02	15.63
1904	1.07	0.07	6.66	1.17	0.27	23.17	30.28	0.83	2.74	3.59	0.32	9.16
1905	2.81	0.32	11.61	0.88	0.21	24.19	31.31	0.82	2.63	5.50	0.76	13.95
1906	1.92	0.08	4.41	0.70	0.12	18.00	4.04	0.12	3.14	2.54	0.28	11.11
1907	2.16	0.05	2.59	0.75	0.14	18.51	19.68	0.46	2.35	3.70	0.68	18.56
1908	0.97	0.01	1.42	0.72	0.16	23.07	14.76	0.58	3.96	3.63	0.47	13.02
1909	2.89	0.04	1.41	1.05	0.13	12.98	1.73	0.02	1.57	4.73	0.65	13.83
1910	5.02	0.14	2.93	1.27	0.18	14.73	38.45	1.21	3.16	3.87	0.45	11.76
1911	5.18	0.18	3.59	1.94	0.09	9.85	4.45	0.17	3.89	5.85	0.42	7.28
1912	10.02	0.49	4.96	1.21	0.13	10.75	19.93	0.66	3.35	4.12	0.36	8.88
1913	5.59	0.24	4.39	1.03	0.18	17.50	19.99	0.41	2.07	9.40	0.63	6.74
1914	2.65	0.05	1.94	1.76	0.12	7.29	11.86	0.33	2.82	4.22	0.33	7.92
1915	1.90	0.11	6.08	1.72	0.16	9.70	14.32	0.65	4.58	9.38	0.73	7.81
1916	3.73	0.76	2.04	1.61	0.19	11.81	17.16	0.95	5.55	0.72	0.05	7.01
1917	2.74	0.06	2.29	1.23	0.12	10.20	10.12	0.20	1.99	11.43	0.80	7.05
1918	1.36	0.01	0.91	0.70	0.03	5.35	10.19	1.25	12.33	4.53	0.33	7.47
1919	3.95	0.06	1.58	1.10	0.03	3.40	15.26	0.32	2.13	2.36	0.16	6.91
1920	1.47	0.04	3.36	1.28	0.07	5.82	5.71	0.24	4.34	6.88	0.27	3.97
1921	1.31	0.01	0.93	1.76	0.07	4.19	3.69	0.00	0.00	0.62	0.00	0.00
1922	1.36	0.01	0.90	1.04	0.08	8.23	36.32	2.17	5.98	18.31	0.98	5.36
1923	4.90	0.07	1.50	1.37	0.07	5.35	6.31	0.14	2.33	0.41	0.02	5.88
1924	2.64	0.06	2.30	1.79	0.06	3.40	23.02	0.59	2.59	15.87	0.54	3.45
1925	1.21	0.01	1.01	2.11	0.09	4.65	1.07	0.00	0.00	6.83	0.39	5.76
1926	3.85	0.00	0.00	3.33	0.13	4.04	24.57	0.46	1.89	0.71	0.01	1.72
1927	3.48	0.06	1.77	3.20	0.03	1.15	7.76	0.02	0.31	5.24	0.09	1.88
1928	0.84	0.01	1.49	2.91	0.17	6.06	29.49	1.02	3.46	8.53	0.51	6.06
1929	2.02	0.00	0.00	2.41	0.07	3.03	0.52	0.02	4.64	6.25	0.46	7.44
1930	3.61	0.08	2.35	1.57	0.06	3.87	25.09	0.34	1.35	6.24	0.18	2.92
1931	3.69	0.07	2.05	1.06	0.03	3.57	1.48	0.00	0.00	3.97	0.11	2.86
1932	10.69	0.12	1.17	1.44	0.05	3.47	38.04	0.90	2.38	3.30	0.06	1.90
1933	14.10	0.11	0.80	2.05	0.10	4.90	3.95	0.00	0.00	11.14	0.55	4.96
1934	5.40	0.05	0.93	2.31	0.18	8.15	21.30	0.15	0.70	1.64	0.06	3.81
1935	1.17	0.02	2.12	1.52	0.07	4.91	13.41	0.03	0.27	13.37	0.32	2.42
1936	0.96	0.01	1.28	1.34	0.02	1.85	11.25	0.04	0.44	1.39	0.01	0.89
1937	2.70	0.01	0.54	0.59	0.02	4.16	24.95	0.13	0.54	13.03	0.38	2.93
1938	6.44	0.07	1.14	1.04	0.03	3.52	1.21	0.02	2.02	1.89	0.02	1.29
1939	2.94	0.82	0.83	1.11	0.03	3.29	0.55	0.00	0.00	7.95	0.11	1.39
1940	1.43	0.00	0.00	1.62	0.05	3.10	28.99	0.07	0.25	11.07	0.18	1.70
1941	1.45	0.01	1.98	1.98	0.06	3.26	5.80	0.02	0.44	4.03	0.03	0.96
1942	2.51	0.01	0.53	2.03	0.03	1.98	12.23	0.00	0.00	1.17	0.53	4.59
1943	1.84	0.00	0.00	1.35	0.02	2.02	5.42	0.01	0.25	7.82	0.09	1.22
1944	0.96	0.00	0.00	1.53	0.00	0.00	27.09	0.06	0.25	5.95	0.10	1.83
1945	1.52	0.00	0.00	1.43	0.01	0.95	2.57	0.02	1.05	3.94	0.05	1.31
1946	1.74	0.00	0.00	0.89	0.03	4.54	12.15	0.01	0.10	6.39	0.01	0.20
1947	1.88	0.00	0.00	0.76	0.01	1.63	14.77	0.00	0.00	6.86	0.05	0.73
1948	4.03	0.01	0.31	0.79	0.00	0.00	6.63	0.01	0.18	0.49	0.00	0.00
1949	4.65	0.00	0.00	0.46	0.01	2.70	14.58	0.00	0.00	2.45	0.00	0.00